Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Account Number : 076077003231

Phone : (561)650-0471 Fax Number : (561)650-5300

**Enter the	email a	address	for this	business	entity	to	be (used ·	for	fuțü	ire
**Enter the annual	report	mailing	gs. Enter	only one	email	addr	ress	ples	se.¹	em :	ψ'n.

Email Address:

LLC REGISTERED AGENT RESIGNATION MILLENNIUM LEASING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

TO:

Registration Section Division of Corporations

COVER LETTER

SUBJECT: Millennium Leasing, LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L11000101198		
The enclosed Resignation of Registered Agent for a Limited for filling.	I Liability Company and fee are	submitted
Please return all correspondence concerning this matter to the	ne following:	
Davie E. Bowers, Esquire		
Name of Person	•	
Jones Foster Johnstone & Stubbs PA		
Name of Firm/Company	•	
505 South Flagler Drive, Sulte 1100		
Address		
West Palm Beach, FL 33401		
City/State and Zip Code		007 2
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E-mail address: (to be used for future annual report notification)	· **	PK 12:
For further information concerning this matter, please call:	ان جا قله.	. ひ. で.
Karin Drakas 561	্650-0430	و ش
Name of Person Area Code	Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, t	he undersigned,	
Jones Foster Ser	vice, LLC	, hereby resigns as	
	Name of Registered Agent	necest resigns up	
Registered Agent for	Millennium Leasing, LLC	· · · · · · · · · · · · · · · · · · ·	
	Name of Limited Liability Company		
L11000101198			
Document	Number, if known		
A copy of this resigns	ation was mailed to the above listed limited	liability company at its last known add	TOSS.
The agency is termina	ated and the office discentinued on the 31st Signature of Resignat	leau.	
If signing on behalf o	f an entity:		14 BCT
	Jones Foster Service, LLC	And the second s	
	Typed or Printed Name		P3 (77)
	Manager		RIT
	Capacity		15 C
		No. 300	Ŋ

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahaesee, FL 32314