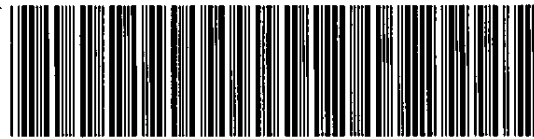


L120000062 904



600252240436

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Walker*

Office Use Only

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J. SAULSPERRY  
EXAMINER  
OCT 15 2013

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 10-14-13

**NAME:** CENTURY IP NETWORKS, LLC

**TYPE OF FILING:** REGISTERED AGENT RESIGNATION

**COST:** 25.00

**RETURN:** PLAIN COPY

2013 OCT 14 AM 10:37  
CENTURY IP NETWORKS, LLC  
TALLAHASSEE, FL 32301

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

---

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

FLORIDA FILING & SEARCH SERVICES, INC, hereby resigns as

Name of Registered Agent

Registered Agent for CENTURY IP NETWORKS LLC

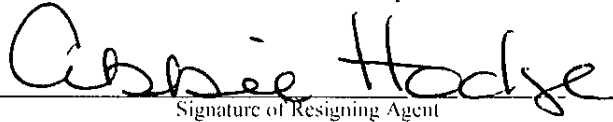
Name of Limited Liability Company

L12000062904

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

ABBIE HODGE

Typed or Printed Name

SECRETARY

Capacity

2013 OCT 14 AM 10:37

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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  
Tallahassee, FL 32314**