# Division of Corporations

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## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H16000214500 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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date of submission 2/24

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Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)205-8842 Fax Number : (850)878-5368

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### LLC REGISTERED AGENT RESIGNATION ADVOQUEST IP, LLC

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8/29/2016

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Registration Section Division of Corporations

TO:

#### **COVER LETTER**

			ted Liability	Company	
DOCUMENT	NUMBER: L13000005	798			
The enclosed for filing.	Resignation of Registered	Agent fo	or a Limited	Liability Company and fee are subm	nitted
Please return a	all correspondence concern	ning this	matter to th	e following:	
Theresa Alfie	eri				
	Name of Person	· · · · · ·			
NRAI SERV	ICES, INC.				
<del></del>	Name of Firm/Compan	y			
111 8th Ave	nue, 13th Floor				
	Address				
Now York, N	low York 10011				
	City/State and Zip Cod	е			
theresa.alfie	ri@wolterskluwer.com				
E-mail add	ress: (to be used for future annu	al report n	otification)		
For further inf	ormation concerning this	matter, p	lease call:		
Theresa Alfie	eri	et (	,212	89 <u>4</u> -8516	
, , , , , , , , , , , , , , , , , , , ,	Name of Person		Area Code	Daytime Telephone Number	

# 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)



August 30, 2016

FLORIDA DEPARTMENT OF STATE.

Division of Corporations

ADVOQUEST IP, LLC 7866 W COMMERCIAL BLVD LAUDERBILL, FL 33351

SUBJECT: ADVOQUEST IP, LLC

REF: L13000005798

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Received fax cover sheet but no document was included.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H16000214500 Letter Number: 316A00018404

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, 1	Florida Statutes, the under	rsigned,				
NNALOENVICES, INC.			, hereby resigns as				
	Name of Registered Agent						
Registered Agent for	ADVOQUEST IP, L	LC					
	Name of Limited	Liability Company		······································			
L13000005798							
Document Nu	mber, if known	<del></del>					
A copy of this resignatio	n was mailed to the abo	ve listed limited liability	company at its	last known ad	dress.		
The agency is terminated	l and the office disconti	nued on the 31st day after	r the date on w	hich this stater	nent is filed.		
		auf_ ignature of Resigning Agent					
If signing on behalf of ar	n entity:	•					
	NRAI Services, Inc	c Theresa Alfieri					
	Type	d or Printed Name					
	Assistant	Secretary		20 mg	-11		
		Capacity		RETARY SANASSI	Part Contraction		
	FILING FI	CES:		E F			
	\$ 85.00 A \$ 25.00 A	Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/ voluntarily ty company	displiced/8			

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