

# L13000077307

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(Requestor's Name)

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

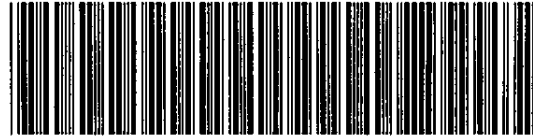
\_\_\_\_\_  
(Business Entity Name)

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

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

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TALLAHASSEE, FLORIDA

APR - 4 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2014

RICHARD LOVELACE  
2668 NE 135 STREET  
NORTH MIAMI, FL 33181

SUBJECT: MILLENNIUM CONNECT LLC  
Ref. Number: L13000077307

We have received your document for MILLENNIUM CONNECT LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline  
Regulatory Specialist II

Letter Number: 214A00003283

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TALLAHASSEE, FLORIDA  
DEPT. OF STATE  
CORPORATION  
DIVISION

2014 FEB -2 PM 4: 04

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MILLENNIUM CONNECT LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000077307

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen M. Peters, CPA

Name of Person

Fernandez-Bergnes & Associates P.A.

Name of Firm/Company

7400 W. Flagler Street

Address

Miami, FL 33144

City/State and Zip Code

cpeters@affbcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen M. Peters

Name of Person

at ( 305 ) 648-7100

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

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2014 APR -2 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CARMEN M. PETERS

Name of Registered Agent

, hereby resigns as

Registered Agent for MILLENNIUM CONNECT LLC

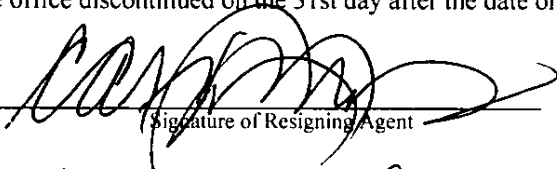
Name of Limited Liability Company

L13000077307

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:

Carmen M Peters  
Typed or Printed Name

Director / RA  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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