L13000M003

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY OF STATE
AND ANALYSISEE, FLORIDA

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S. YOUNG

COVER LETTER :

1 *	· :	*	
TO: Regi	stration Section sion of Corporations	है । 	
SUBJECT:	MILLENNIAL	MOBILITY, LLC	
	Name of Limited	Liability Company	
DOCUMEN	NT NUMBER: <u>L13000111002</u>		
The enclose for filing.	d Resignation of Registered Agent for a	Limited Liability Company and	fee are submitted
Please return	n all correspondence concerning this ma	atter to the following:	
Rhonda P	eirce Name of Person		
Capitol Co	orporate Services, Inc. (Registered Name of Firm/Company	Agent Dept.)	FIL 15 OCT 2 SECRETA
800 Brazo	s, Ste 400 Address		27 PH
Austin TX	78701 City/State and Zip Code		3: 55 LORIDA
rpeirce@c	apitolservices.com ddress: (to be used for future annual report notin	fication)	
For further i	nformation concerning this matter, plea	se call:	
Rhonda P	at (800 345-4647 rea Code Daytime Telephone Num	nher
Enclosed is liability con liability con	a check made payable to the Florida De pany or \$25.00 for an administratively	epartment of State for \$85.00 for	an active limited
Registration	Corporations 27	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 provisions	of section 605.0115, Florida Statutes, the undersigned,	
	Corporate Services, Inc. , hereby res	signs as
N	ame of Registered Agent	
Registered Agent for	MILLENNIAL MOBILITY, LLC	
<u> </u>	Name of the Limited Liability Company	
L13000 ²		
Document Numb	er, if known	
A copy of this resignation	was mailed to the above listed limited liability company at	t its last known address.
The agency is terminated a	and the office discontinued on the 31st day after the date of	n which this statement is filed.
_	25ti	E CRETT
	Signature of Resigning Agent	ARYCE SEED
If signing on behalf of an e	·	
_	Jason Fischer Typed or Printed Name	ORIG # 5
_	Assistant Secretary	10%
	Capacity	

FILING FEES:

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

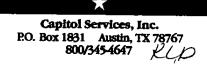
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MILLENNIAL MOBILITY, LLC				
Name of Limited	Liability Company			
DOCUMENT NUMBER: <u>L13000111002</u>				
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted			
Please return all correspondence concerning this ma	atter to the following:			
Rhonda Peirce Name of Person				
Capitol Corporate Services, Inc. (Registered Name of Firm/Company	Agent Dept.)			
800 Brazos, Ste 400 Address				
Austin TX 78701 City/State and Zip Code	·			
rpeirce@capitolservices.com E-mail address: (to be used for future annual report notif	(ication)			
For further information concerning this matter, plea				
Rhonda Peirce at (A	800 345-4647 rea Code Daytime Telephone Number			
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited			
MAILING ADDRESS:	STREET ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
•	Tallahassee, FL 32301			

INHS17 (2/14)

Return acknowledgment to:



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.011	5, Florida Statutes, the un	ndersigned,		
Capitol C	Corporate Serv	rices, Inc.	, hereby resigns as		
N ₁	ame of Registered Age	nt	,,		_
Registered Agent for		MILLENNIAL MOE	BILITY, LLC		
<u> </u>		Name of the Limited Liab	vility Company		J
L13000	111002			•	
Document Numb	er, if known				
A copy of this resignation	was mailed to the	above listed limited liabil	lity company at its last l	known address.	
The agency is terminated a	nd the office disco	ontinued on the 31st day a	after the date on which	this statement is	filed.
		Attui			
_		Signature of Resigning Age	ent		
If signing on behalf of an e	entity:				
-	г	Jason Fischer yped or Printed Name		SECR TALLA	ui
	As	sistant Secretary			⊒ ጉ
		Capacity		SSEE, FL	ILED
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability	y company olved/voluntarily disso		п

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

withdrawn limited liability company



Resignation of Registered Agent for a **Limited Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

10/21/2015 FLORIDA

REP UNIT:

MILLENNIAL MOBILITY, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 26744 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767