8/29/2016 4:20:57 PM From: To: 8506176383(1/4)

ميوا ده



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To:

Division of Corporations

Please retain original filing date of submission 8/26

Fax Number

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

Fax Number

: (850)205-8842 : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	cess:	•		

LLC REGISTERED AGENT RESIGNATION ADVOQUEST CORPORATE ST. PETERSBURG, LLC

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8/29/2016

8/29/2016 4:20:57 PM From: To: 8506176383(3/4)

COVER LETTER

TO: Registration Section Division of Corporations

theresa.alfieri@wolterskluwer.com			•
New York, New York 10011 City/State and Zip Code			O 🛒
Address 1994			9
111 8th Avenue, 13th Floor			E 55
Name of Firm/Company			ASST 6 26
NRAI SERVICES, INC.			ALG ALG
Name of Person			→ 78%
Theresa Alfieri	•	•	
Please return all correspondence concerning this	matter to th	e following:	•
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee ar	e submitted
DOCUMENT NUMBER: L13000142582		Tial like O	
Name of Limit	ted Liability	Company	
SUBJECT: ADVOQUEST CORPORATE S		· · · · · · · · · · · · · · · · · · ·	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ions of section 605.0115, Florida Statutes, the un	dersigned,			
NRAI SERVICES	_ , hereby resigns as				
	Name of Registered Agent				
Registered Agent for	for ADVOQUEST CORPORATE ST. PETERSBURG, LLC				
	Name of Limited Liability Company	,			
L13000142582					
Document	Number, if known				
A copy of this resigna	tion was mailed to the above listed limited liability	ty company at its last known address.			
	ted and the office discontinued on the 31st day af				
	Sharp Signature of Resigning Agen	AUG 26			
If signing on behalf of	an entity:	P (1)			
	NRAI Services, Inc Theresa Alfleri	ૡ			
•	Typed or Printed Name	 5			
	Assistant Secretary				
	Capacity				

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

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