

L14000005918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

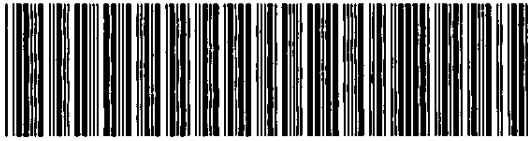
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200291935032

11/10/16--01015--011 \*\*85.00

FILED  
2016 NOV 10 A 9 57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren  
NOV 14 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAYMONEX LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000005918

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:

Name of Person

Registered Agents Inc.

Name of Firm/Company

170 S. Lincoln, STE 150

Address

Spokane, WA 99201

City/State and Zip Code

info@registeredagentsinc.com

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

For further information concerning this matter, please call:

JEROME WOODWORTH at ( 307 ) 200-2803  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

REGISTERED AGENTS INC

Name of Registered Agent

, hereby resigns as

Registered Agent for

PAYMONEX LLC

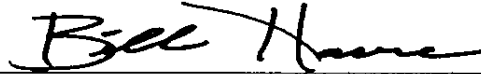
Name of Limited Liability Company

L14000005918

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:

Bill Havre

Typed or Printed Name

Assistant Secretary

Capacity

2016 NOV 10 A 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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