LIN000028710

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP		MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
- <u></u>		
	Office Use Only	(



06/23/14--01047--001 **85.00

Ra Risignation

COVER LETTER

TO: Registration Section Division of Corporations

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ADVANCED INTERNET TECHNOLOGY LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 14000028710

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:

CHUCK E STRANGE

Name of Person

Name of Firm/Company

537 S CR-21

Address

HAWTHORNE, FL 32640

City/State and Zip Code

strangeengraving@bellsouth.net

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

For further information concerning this matter, please call:

CHUCK E STRANGE	, 352	、572-1418		12 23	1
Name of Person	Area Code	Daytime Telephone Number	—,		ية الم المناسبين

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

CHUCK E STRANGE

, hereby resigns as

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Name of Registered Agent

Registered Agent for ______ADVANCED INTERNET TECHNOLOGY LLC

Name of Limited Liability Company

L14000028710

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:

CHUCK E STRANGE

Typed or Printed Name

REGISTERED AGENT, MANAGER

Capacity

FILING FEES:

\$85.00

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

INHS17 (2/14)