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To:

Division of Corporations
Fax Number : (350) 617-6363

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : 129090000032
Phone : (561) 792-2236
Fax Number : (561) 202-8082

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

Email Address: _____

APPROVED
AND
FILED

2019 SEP 9 PM 3:39

**LLC REGISTERED AGENT RESIGNATION
NEXT GENERATION APPLICATIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

2019 SEP -9 PM 14:12

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

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

SUPERBIZ REGISTERED AGENT, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for NEXT GENERATION APPLICATIONS LLC

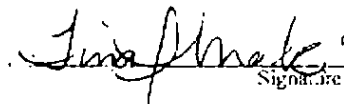
Name of Limited Liability Company

L15000014679

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:

TINA MAKI

Typed or Printed Name

DP

Capacity

2014 SEP -9 PM 3:39
FILEDAPPROVAL
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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