08/29/18 03:56PM BARMJ 9043531166 Page 1

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Page 1 of 1 **Division of Corporations** Division of Corporations ectronic Filing Cov Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. 쿲 (((H180002537793))) 25 ÷.* 29 H180002537793ABC9 ۲-۰ N. Note: DO NOT hit the REFRESH/RELOAD button on your browser from this = page. Doing so will generate another cover sheet. ō TO: Division of Corporations Fax Number : (850) 617-6393 From: Account Name : BRANT, REITER, MCCORMICK & JOHNSON, P.A. Account Number : 120040000043 Phone : (904)358-2750 : (904)353-1166 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC REGISTERED AGENT RESIGNATION ®) ස ල DATASIGNALS, LLC Certificate of Status 0 0 Certified Copy 02 Page Count 2018 AUS 29 \$25.00 Estimated Charge L' C . AUG C O 2011 S. PRATHER

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Help

H18000253779 3 COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DATASIGNALS, LLC Name of Limited Liability Company

DOCUMENT NUMBER: L15000205068

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:

AMY H. JOHNSON, ESQ. Name of Person

BRANT, REITER, MCCORMICK & JOHNSON, P.A.

Name of Firm/Company

135 WEST BAY STREET, SUITE 400

Address

JACKSONVILLE, FL 32202 City/State and Zip Code

NOT APPLICABLE E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

 REBECCA CANALES, PARALEGAL
 at (_________)
 366-2384

 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Tallabassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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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,

BRANT, REITER, MCCORMICK & JOHNSON, P.A. _____, hereby resigns as

Name of Registered Agent

Registered Agent for DATASIGNALS, LLC

Name of Limited Liability Company

L15000205068

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.

Any H. Dohnen ip		18	
Signature of Hesigning Agent	۰.	hilf	
If signing on behalf of an entity:		29	
AMY H. JOHNSON, ESQ.		27	
Typed or Printed Name			
VICE-PRESIDENT	·.		
Сарасну	٠.	6	

- 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 Tallahasser, FL 32314

INHS17 (2/14)