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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : I20170000081 : (727)443-5190 Fax Number : (727)474-9949

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

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## LLC REGISTERED AGENT RESIGNATION DROID TECHNOLOGY LLC

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

Electronic Filing Menu

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Help

### **COVER LETTER**

SUBJECT: DROID TECHNOLOGY LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000061467 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: MICHAEL J. FAEHNER Name of Person M. FAEHNER, ESQ. LLC Name of Firm/Company 600 BYPASS DR STE 100 Address **CLEARWATER FL 33764** City/State and Zip Code FILINGS@MFAEHNER.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS CAMPBELL

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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)

TO:

Registration Section Division of Corporations

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

Pursuant to the provis	sions of section 605.01	115, Florida Statutes, the undersigned,	
M. FAEHNER, ES	SQ. LLC	, hereby resigns as	
	Name of Registered Age	gent	
Registered Agent for	DROID TECHNOL	LOGY LLC	
	Name of Lir	imited Liability Company	
L17000061467			
Document	Number, if known	<del></del>	
A copy of this resigna	ation was mailed to the	above listed limited liability company at its last known address.	
	_Me	Signature of Resigning Agent	filed.
If signing on behalf o	•	AELINED	
	MICHAEL J. FA	Typed or Printed Name  AEHNER  APPROXIMATE  APPROXIMATE	
	FILING \$ 85.00 \$ 25.00	G FEES:	

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