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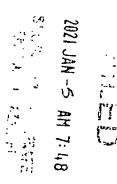
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Loci Networks LLC	
Name of Limited Liability Co	ompany
DOCUMENT NUMBER: L20000111747	
The enclosed Resignation of Registered Agent for a Limited Lifer filing.	iability Company and fee are submitted
Please return all correspondence concerning this matter to the f	following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
	73-0888
Name of Person at () Area Code E	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Statute	s, the undersigned,	
United States Corporation Agents, Inc.	, hereby resigns as	
Name of Registered Agent		
Registered Agent for Loci Networks LLC	21 J	
•	- N	
Name of Limited Liability Compa	, ĝ	1
L20000111747	AH 7: 48	Ē
Document Number, if known		
A copy of this resignation was mailed to the above listed limite	ed liability company at its last known address.	
The agency is terminated and the office discontinued on the 31		iled.
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed Name	· ·	
Asst. Secretary for United States Corp	poration Agents, Inc.	
Capacity		

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

FILING FEES:

\$ 85.00 | Active limited liability company
\$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company