# 123000290250

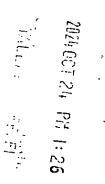
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(20000000, 000000,					
(Document Number)					
Certified Copies Certificates of Status					
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#### **COVER LETTER**

TO: Registration Section Division of Corporations
PermitSolutions Network LLC
SUBJECT:  Name of Limited Liability Company
DOCUMENT NUMBER: L23000290250
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:
Sarah Balen
Name of Person
MyCompanyWorks, Inc.
Name of Firm/Company
187 E. Warm Springs Rd., Suite B
Address
Las Vegas, NV 89119
City/State and Zip Code
filings@mycompanyworks.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sarah Balen  Name of Person  Name of Person  Name of Person  at ( Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

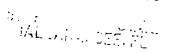
### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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 COMPAINMET 24 PH 1: 26



Pursuant to the provisio	ns of section 605.0115, Florida	Statutes, the undersigned,		
Registered Agent Solutions, Inc.		hereby r	_ , hereby resigns as	
Name of Registered Agent			B	
Registered Agent for P	ermitSolutions Network LL	.C		
	Name of Limited Liabilit	y Company		
L23000290250				
Document No	umber, if known			
A copy of this resignation	on was mailed to the above liste	d limited liability company	at its last known address.	
The agency is terminate	ed and the office discontinued or	the 31st day after the date	on which this statement is filed.	
	/s/ Jennifer Peters			
	Signature	of Resigning Agent	-	
If signing on behalf of a	in entity:			
	Jennifer Peters			
	Typed or Prin	ted Name	-	
	Assistant Secretary of Registe	ered Agent Solutions, Inc.		
	Capacity		-	

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