## 199000007617

From: Viola Bartel
5109 Del Prado Blvd.
Cope Coral, FL 33904

Office Use Only

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PRPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known): 90003093789 -01/10/0001129001 *****85.00 *****85.0	
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	Certified Copy	
☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status	
NEW FILINGS	AMENDMENTS AMENDMENTS	
Profit	☐ Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability	☐ Change of Registered Agent	
☐ Domestication	Dissolution/Withdrawal	
Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION \	
_		
Annual Report	Foreign	
☐ Fictitious Name	Limited Partnership	
	Reinstatement	
	Foreign Limited Partnership Reinstatement Trademark Other	
	Examiner's Initials	

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

(Name of Limited Liability Company)  A copy of this resignation was mailed to the above listed limited liability company at its last known address.	Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statut	es, the undersigned,
Registered Agent for QONATAS COMPUTERS SOLUTIONS L.C.  (L9900007617)  (Name of Limited Liability Company)  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)  (Typed or printed name)	Viola Bartel	, hereby resigns as
(Name of Limited Liability Company)  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)  (Typed or printed name)		
(Name of Limited Liability Company)  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)  (Typed or printed name)		L.C.
(Name of Limited Liability Company)  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)  (Typed or printed name)	(19900007617)	. <u></u>
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)  (Typed or printed name)		
(Typed or printed name)	The agency is terminated and the office discontinued on the 31st day statement is filed.	
(Typed or printed name)	If signing on behalf of an entity:	D JAN II
	(Typed or printed name)	PH PH
(Capacity)	(Capacity)	

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

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

INHS17(10/99)