CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	Requester's Name JACK MORRIS P.O. BOX 77089 WINTER GARDEN	000063	4
(Corporation Name) (Corpo	ORPORATION NAME(S) & DOCU	Office Use Only OMENT NUMBER(S), (if known):	
Mail out	(Corporation Name) (Corporation Name) (Corporation Name)	-07/03/01010 ******25.00 * (Document #)	273 35-010 ****25.00
OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign	Profit Not for Profit Limited Liability Domestication	Photocopy Certificate of Status AMENDMENTS 7000445762 -07/17/010107 *******60.00 *** Resignation of R.A., Officer/Director Change of Registered Agent	*****[].[]]
Fictitious Name Limited Partnership Reinstatement Trademark Other JUL 17 20	Annual Report	Foreign Limited Partnership Reinstatement Trademark S. PAYNE JUL 17 2	1001 1001

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 6, 2001

Jack Morrison P.O. Box 770896 Winter Garden, FL 34777

SUBJECT: ORLANDOCIRCUITS.COM, LLC

Ref. Number: M01000000634

We have received your document for ORLANDOCIRCUITS.COM, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active limited liability company is \$85. An additional fee of \$60 is due.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 301A00040103

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DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, FI	orida Statutes, the under	rsigned,
	Morrison	, hereby resig	
	(Name of Registered Agent)		
Registered Agent for	Orlandocircuits.	com, LLC	
	(Name of Limited Liability Compa	any)	
A copy of this resignation	n was mailed to the above listed limited	d liability company at it:	s last known address.
The agency is terminated	and the office discontinued on the 31	st day after the date on	which this statement
is filed.	(Signature of resigning a	vin	· · · · · · · · · · · · · · · · · · ·
If signing on behalf of an	entity:		Ž⊈ o
	Jack Morre (Typed or printed name)	SON	FIL I JUL 20 ECRETARY LAHASSE
			55 A 2
-	Member/Agea	14	177
	(Capacity)		
			8 S
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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)