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| (Re | equestor's Name) | | | | | |
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| (Ac | ddress) | | | | | |
| (Ac | ddress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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06/27/06--01019--803 **85.00







CT
111 Eighth Avenue
New York, NY 10011

212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

June 14, 2006

RE: SOURCE ONE NETWORK SOLUTIONS, LLC (WI.DOM.)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Sir or Madam:

We enclose resignations executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount of \$85.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary TA/Ik
Enclosure

OF JUL -7 AM 8: 00



111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

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C T CORPORATION SYSTEM

Theresa Alfieri (lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary TA/lk Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ns of section 608. | 416(2) or 608.509 | , Florida Statutes | , the undersigned, | |
|----------------------------|---------------------|--------------------------------------|------------------------------------|------------------------|--|
| C T CORPORATION SYSTEM | | ereby resigns as | | | |
| | (Name of Registered | d Agent) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | orooy resigns as | |
| Registered Agent for | | | | | |
| SOURCE ONE NETW | ORK SOLUTIO | NS, LLC (WI.E | OM.) | | |
| | (Name o | of Limited Liability C | ompany) | | , |
| M020000 |)))))447 | | | | |
| (Document Numb | | | | | |
| A copy of this resignation | n was mailed to t | the above listed lin | nited liability cor | npany at its last know | n address. |
| The agency is terminated | | iscontinued on the | | e date on which this s | tatement is filed. |
| If signing on behalf of ar | n entity: | | | | |
| | C T CORPORA | ATION SYSTEM | - Theresa Alfier | i | |
| | A | (Typed or Printed SSISTANT SECI | • | | |
| | FILIN \$ 85.0 | (Capacity) NG FEES: OO Active limit | ed liability comp | eany | OF JUN 27 AM IO: SECRETARY OF STALLAHASSEE, FL |

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

withdrawn limited liability company