## M0200003115

(Requestor's Name)	
(Address)	
(Address)	
(100.000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
,	
(Danis, Th. Nissalan)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	





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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Telelmage Technologies
(Name of Limited Liability Company)
DOCUMENT NUMBER: M02000003115
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:
A. Boyd (Name of Person)
(Name of Firm/Company)
1509 N. Military Trail (Address)
West Palm Beach, FL 33409 (City/State and Zip Code)
For further information concerning this matter, please call:
N/A at ( ) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

TO: Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Flor	ida Statutes, the undersigned,			
Albert Boyd		, hereby resigns as	, hereby resigns as		
	(Name of Registered Agent)				
Registered Agent for	TeleImage Technologies, LLC		<u></u>		
	(Name of Limited Liability Compan	у)	<u>., ., .</u>		
M02000003115					
(Document Nu	umber, if known)	•			
A copy of this resigna	tion was mailed to the above listed limited	liability company at its last kno	own addr	ress.	
The agency is termina	ated and the office discontinued on the 31st		s stateme	ent is f	iled.
If signing on behalf of	f an entity:		CRETAI	4 FEB 13	
	(Typed or Printed Name)		RY OF SEE, F	3 PH	
	(Capacity)		JIROJ.	4: 29	O

### St.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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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