

MO300002510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

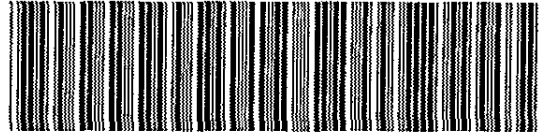
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800080563038

10/12/06--01040--001 \*\*50.00

FILED

06 OCT 12 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10-13  
*[Signature]*



a Wolters Kluwer business

CT  
111 Eighth Avenue  
New York, NY 10011

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

September 20, 2006

RE: APPLAUSE, LLC (DE.DOM.)  
FL OPER CO., LLC (FL.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 corporations. Also enclosed is 1 check in the amount of \$50.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri (lk)*

Theresa Alfieri

Senior Supervisor & Assistant Secretary  
TA/lk  
Enclosure

FILED  
06 OCT 12 AM 11:07  
FILED  
06 OCT 12 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

APPLAUSE, LLC

(DE.DOM.)

(Name of Limited Liability Company)

M03000002510

(Document Number, if known)

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)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

FILED  
06 OCT 12 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **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withdrawn limited liability company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