## M0300003497

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



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**09/17/10--01029--002 \*\*25.00** 



S. HAWKES

SEP 2 0 2010

EXAMINER



111 Eighth Avenue New York, NY 10011

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

September 10, 2010

RE: VENDOR MANAGEMENT SERVICES, LLC (PA. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$25.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure September 10, 2010

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C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ions of section 608.416(2) or 608.509, Florida Stat   | utes, the undersigned                  | , <u> </u>               |
|-------------------------|---|--|--------------------------|
| C T CORPORATIO          | N SYSTEM  | , hereby resigns as                    | S                        |
|                         | (Name of Registered Agent)                            | , nervey resigns as                    | 0 1                      |
| Registered Agent for _  | VENDOR MANAGEMENT SERVICES, LLC                       | (PA. DOM.)                             |                          |
|                         |   |  |                          |
|                         | (Name of Limited Liability Company)                   |  | 32                       |
| M0300000349             | 7   |  |                          |
| (Document Nu            | umber, if known)                                      |  |                          |
| A copy of this resigna  | tion was mailed to the above listed limited liability | company at its last k                  | mown address.            |
| The agency is termina   | ted and the office discontinued on the 31st day after | er the date on which t                 | this statement is filed. |
|                         | (Signature of Resigning Agent)                        | <i>,</i><br>——                         |                          |
| If signing on behalf of | an entity:  |  |                          |
|                         | C T CORPORATION SYSTEM Theresa A                      | lfieri                                 |                          |
|                         | (Typed or Printed Name) ASSISTANT SECRETARY           |  | •                        |
|                         | (Capacity)  | · ,, · · · · · · · · · · · · · · · · · |                          |

**FILING FEES:** \$ 85.00 Activ \$ 25.00 Admi

Active limited liability company
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