M0400000969

(R	lequestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
, (B	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
:		

Office Use Only

B. KOHR
JAN 2 3 2012
EXAMINER



600215481146

DEFAREMENT OF STATE
OIVISION OF SORPHANTIONS
TALL ANASSEE, FLORIDA

RECEIVED 12 JAN 23 AM IB: 53

12 JAN 23 PH 12: 29

FICED SECRETARY OF STATE STATEMENT OF CORPORATIONS



ACCOUNT NO. : I2000000195

EXAMINER:

REFERENCE : 066933 7819783 AUTHORIZATION _ COST LIMIT ORDER DATE : January 19, 2012 ORDER TIME : 9:45 AM ORDER NO. : 066933-145 CUSTOMER NO: 7819783 FOREIGN FILINGS NAME: TCS COMMUNICATION SOLUTIONS, LLC CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Stephanie Milnes -- EXT# 2920

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 608.416(2) or 60	08.509, Florida Statutes, the undersigned,
TCS Corporate	Services, Inc.	, hereby resigns as
	(Name of Registered Agent)	2
Registered Agent for	TCS Communication S	08.509, Florida Statutes, the undersigned,
	(Name of Limited Lial	pility Company)
M0400000969		
(Document Nu	mber, if known)	
A copy of this resigna	ation was mailed to the above lis	ted limited liability company at its last known address.
The agency is termina	Just M.	on the 31st day after the date on which this statement is filed. re of Resigning Agent)
If signing on behalf o	f an entity:	
	Keith Nichols	
	` • •	Printed Name)
	Vice President	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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