## M0400000407

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAII	<del>-</del>		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	!		
	:		

Office Use Only

CF. 25.00



300120009613

03/14/08--01002--009 \*\*125.00

08 MAR 14 PM 1: 45

T. HAMPTON MAR 1 7 2008

**EXAMINER** 

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

March 7, 2008

RE: ALTIVUS FINANCIAL LLC. (NJ. DOM.)

NECLEC, LLC. (DE. DOM.)

ROCK CAPITAL PARTNERS, LLC. (DE. DOM.)

SCP-2005-C21-012 LLC. (DE. DOM)

TRANSPORTATION SYSTEMS

INTERNATIONAL, LLC. (DE. DOM.)

Department of State Division of Corporations Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>125.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provision	ons of section 608.416(2) or 608.5	09, Florida Statutes, the undersigned,
C T CORPORATION	, hereby resigns as	
	(Name of Registered Agent)	,
Registered Agent for _	TRANSPORTATION SYSTE	EMS INTERNATIONAL, LLC. (DE. DOM.)
	(Name of Limited Liability	Company)
M0400000	1407	
(Document Nun	nber, if known)	
A copy of this resignati	on was mailed to the above listed	limited liability company at its last known address.
The agency is terminate	ed and the office discontinued on t	he 31st day after the date on which this statement is filed.
If gioming on bobolf of	Signature of Resignature of Resignature	ning Agent)
If signing on behalf of a	•	
	C T CORPORATION SYSTE	M - Theresa Alfieri
	(Typed or Printe ASSISTANT SE	•
	(Capacity)	

FILING FEES:

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withdrawn limited liability company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