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### **COVER LETTER**

#### TO: Registration Section Division of Corporations

## VITEL COMMUNICATIONS LLC

Name of Limited Liability Company

# DOCUMENT NUMBER: \_\_\_\_\_

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:

Krystal Beckner

Name of Person

COGENCY GLOBAL INC. Name of Firm/Company

850 New Burton Rd., Suite 201

Address

Dover, DE 19904

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Invoices Team

Name of Person

at (<u>866</u>) <u>621-3524</u> 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)



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

. hereby resigns as

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

COGENCY GLOBAL, INC.

Name of Registered Agent

Registered Agent for \_\_\_\_\_

Name of Limited Liability Company

#### M0400001608

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.

Krystal Beckner Signature of Resigning Agent

If signing	on	behalf	of an	entity
a signing	OIL	ochan	or an	churder.

**Krystal Beckner** 

Typed or Printed Name Assistant Secretary, COGENCY GLOBAL INC.

Capacity



#### FILING FEES:

- Active limited liability company \$ 85.00
- Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314