# #110400001692

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAI	L				
(Business Entity Name)					
(Document Number)					
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(Document Number)  Certified Copies Certificates of Status					

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K. SALY EXAMINER OCT 5 2011



3100 Breckinridge Boulevard,

Suite 145,

Duluth, GA. 30096

Phone: 678-436-5590

Fax: 678-894-3883

VIA REGULAR MAIL

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

Re: Tennessee Telephone Servico, LLC.

To Whom It May Concern,

We are submitted documentation to resign as the registered agent for the above company. Please find documentation and fee, if applicable.

Please find enclosed a copy to be stamped and returned to RTC CIS, LLC. A pre-address envelop is provided.

If you have any questions or need additional information, please do not hesitate to contact me.

Thank you in advance for your time and consideration in handling this matter.

Sincerely

Kenyatta Perkins

President, RTC-CIS, LLC

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## **COVER LETTER**

SUBJECT:	Tennessee Teler	ohone	Service,	LLC	
	Name of Limite	ed Liabili	ty Company	у	
DOCUMENT NUMBER		M0400001692			
The enclosed Resignation for filing.	of Registered Agent for	r a Limit	ed Liabilit	y Company and fe	e are submitted
Please return all correspon	dence concerning this r	natter to	the follow	ing:	
Alisa	ı Kopcalic				
Nam	e of Person	<del></del>			
	-CIS, LLC				
Name of	Firm/Company		_		
	e Boulevard, Suite 14	15	_		
	ddress				
	, GA, 30096				
City/Stat	e and Zip Code				
akopcali	@rtcteam.net		_		
E-mail address: (to be used	for future annual report no	tification)	<b>)</b>		
For further information con	cerning this matter, pl	ease call	:		
Alisa Kopca		678		436-5590	
Name of Per	son	Area Coo	le & Daytin	ne Telephone Numb	per

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

**TO:** Amendment Section Division of Corporations

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

### STREET ADDRESS:

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

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

rursuant to the provision	ns of section 608.416(2) or 608.50	9, Florida Statutes, the undersigned,	
	Incorp Services, Inc	, hereby resigns as	<i>&gt;</i> .
	Name of Registered Agent	,	1 8 A
Registered Agent for	Tennessee ]	Telephone Service, LLC	3 1
	Name of Limited Liability C	ompany	
			S. S
	0001692 Imber, if known		
	d and the office discontinued on the	mited liability company at its last known as a list day after the date on which this should be signing Agent	statement is filed.
If signing on behalf of a	n entity:		
	Tosia A. Sorensa Typed or Printed Authorized Capacity		s, Inc.

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