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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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Office Use Only



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2011 JUL 20 AMII: 30

T. CLINE
JUL 21 2011
EXAMINER



111 Eighth Avenue New York, NY 10011 212 894 8940 tol 212 590 9180 fax www.ctlegalsolutions.com

July 12, 2011

RE: ODYSSEY GROUP, INC. (IN. DOM.)
PROMISE TITLE AGENCY, LLC (MI. DOM.)
SOLARITY COMMUNICATIONS LLC (FL. DOM.)
STELLA POLARIS USA, LLC (CA. 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 checks in the amount of 100.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure 2011 JUL 20 AM II: 36
SEGRETARY OF STATE
TALL ANASSEE FLOOR

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416	(2) or 608.509, Florida St	atutes, the undersigned,	,		
C T CORPORATION SYSTEM			, hereby resigns as			
	(Name of Registered Age	ent)	, ,			
Registered Agent for _	ODYSSEY GROUP,	LLC (IN. DOM.)				-
	(Name of Lir	nited Liability Company)				3
M06000001270						
(Document Nu	imber, if known)					
A copy of this resignar	tion was mailed to the a	above listed limited liabili	ty company at its last k	nown a	ddress.	
The agency is terminate	ted and the office disco	ntinued on the 31st day a	fter the date on which the	his state	ment i	s filed.
	Me	def-				
	(Sign	ature of Resigning Agent)				
lf signing on behalf of	`an entity:					
		Typed or Printed Name) STANT SECRETARY				
	FILING	(Capacity) FEES:		SECRETARY ( TALLAHASSEE	2011 JUL 20	Security of a se
	\$ 85.00 \$ 25.00	Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily dissol pility company	of STA	<b>*</b>	

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