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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	IKON SERVICES INVESTMENTS, LLC			
DOCUMENT NUMBER:	Name of Limited Liability M0600000312			
The enclosed Resignation of Regifor filing.	stered Agent for a Limited	l Liability Company and fee are submitte		
Please return all correspondence of	concerning this matter to th	ne following:		
Kaitie Spe	erry			
Name of Pe	rson	-		
Corporate Dir				
Name of Firm/C	-			
2248 Meridian B				
Address	•			
Minden, NV 8				
City/State and 2	-			
info@corporated				
E-mail address: (to be used for futi	ure annual report notification)	-		
For further information concerning	ng this matter, please call:			
Kaitie Sperry	775 at (782-2201		
Name of Person	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115	5, Florida Statutes, the un	ndersigned,			
Gerri Detweiler			, hereby resigns as			
Na	ame of Registered Ager	ıt	, nercoy resigns as			
Registered Agent for	<u> </u>	KON SERVICES IN	IVESTMENTS, LLC	C		
	Name of Lim	ited Liability Company	 		·	•
M060000	03127					
Document Numb	er, if known					
A copy of this resignation	was mailed to the a	hove listed limited liabil	lity company at its last	known ad	dress.	
If signing on behalf of an e	Mess	Signature of Resigning Age	<u>lese</u>			
J	-	Gerri Detweiler				
_		yped or Printed Name Registered Agent		7. XX	17	
_		Capacity		**************************************	NOV 27	FILE
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	ty company olved/ voluntarily diss ability company	solved in	MI II: 21	Ö

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