

M060000004464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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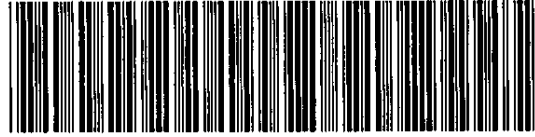
(Business Entity Name)

(Document Number)

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J. BRYAN

SEP - 3 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2008

THOMSON
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CARROLLTON, TX 75006

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Upon receipt of your check(s) totaling \$25.00, no document was found. We are returning our check. Please send your document with check due to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hybrid Networks, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: M060000004464

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:

Stephanie Baird

(Name of Person)

TCS Corporate Services, Inc.

(Name of Firm/Company)

3100 Cumberland Blvd, Suite 900

(Address)

Atlanta, GA 30339

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Baird

(Name of Person)

at (770) 956.7525 x1516

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

TCS Corporate Services, Inc.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **Hybrid Networks, LLC**

(Name of Limited Liability Company)

MD6000004464
(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.

(Signature of Resigning Agent)

If signing on behalf of an entity:

Carin Koy
(Typed or Printed Name)

Secretary
(Capacity)

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FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 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