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(Re	equestor's Name)			
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SECRETARY OF STATE
SWLLAHASSEE. FLORIDA

AUG 1 9 2015

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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT:			
	Name o	of Lim	ited Liability	Company
DOC	JMENT NUMBER: M060000058	61		
The en	nclosed Resignation of Registered Aing.	gent f	or a Limited	Liability Company and fee are submitted
Please	return all correspondence concernir	ig this	matter to th	e following:
Flore	nce Spelzhausen			
	Name of Person			
Natio	nal Corporate Research, Ltd.			
	Name of Firm/Company			
615 9	S. Dupont Hwy			
-	Address			
Dove	r, DE 19901			
	City/State and Zip Code			
E	-mail address: (to be used for future annual	report i	notification)	
	rther information concerning this ma	·		
Flore	nce Spelzhausen	at	866	621-3524) Daytime Telephone Number
	Name of Person	— ""	Area Code	Daytime Telephone Number
liabili	sed is a check made payable to the F ty company or \$25.00 for an adminis ty company.	lorida strativ	Department ely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAII	ING ADDRESS:		STREF	CT ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, FI	orida Statutes, the unders	igned.					
National Corporate	Research, Ltd.	Ī	, hereby resigns as					
	Name of Registered Agent	, , •	nerecy resigns a	J				
Registered Agent for _	GIBSON MARKETING SERVICES, LLC							
	Name of Limited 1	Liability Company			,			
M06000005861								
Document N	umber, if known	-						
A copy of this resignati	on was mailed to the abov	e listed limited liability co	ompany at its las	st known add	ress.			
The agency is terminate	ed and the office discontinu	ued on the 31st day after t	the date on whic	h this statem	ent is filed.			
	Am Sig	nature of Resigning Agent						
If signing on behalf of a	V			215 SE	£			
		2115 AUG 18 SECRETARY	11					
	Typed	or Printed Name		ASS -	[
			F (1)					
	C	apacity		OF STA	•			
				器 2:	_			
	Selection of the select	Programme Condition to		Dm. 12	ing segment			
	FILING FEI \$ 85.00 A \$ 25.00 A	ES: ctive limited liability con dministratively dissolved rithdrawn limited liability	npany / voluntarily dis y company	ssolved/				

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