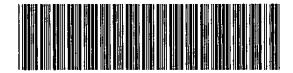
# M0600006716

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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#### COVER LETTER

SUBJECT: FRONTIER SYSTEMS INTEGRATORS, LLC				
SUBJECT: FRONTIER SYSTEMS INTEGRATORS, LLC  Name of Limited Liability Company				
DOCUMENT NUMBER: M06000006716				
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:				
Dionne Wadsworth				
Name of Person				
Incorp Services, Inc.				
Name of Firm/Company				
2360 Corporate Circle, Suite 400 Address				
Henderson, NV 89074-7722  City/State and Zip Code				
processing@incorp.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Dionne Wadsworth for Incorp Services, Inc. at ( 702 ) 866-2500 ext. 6503  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

•	ns of section 608.416(2) or 608.509, F ncorp Services, Inc. Name of Registered Agent	Florida Statutes, the undersigned,, hereby resigns as	Y 21 AM 10: 05  AY 21 AM 10: 05  AN ASSEE, FLORID
Registered Agent for	FRONTIER SYSTE	MS INTEGRATORS, LLC	
	Name of Limited Liability Com	pany	
	0006716		
A copy of this resignation	on was mailed to the above listed limited and the office discontinued on the 3	1st day after the date on which thi	
If signing on behalf of a	n entity:		
	Dionne Wadsworth for Incompage of Printed National Authorized Representations of the Printed National Representation of the Printed Nat	me	
	Capacity		

FILING FEES:

\$ 85.00
Active limited liability company
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