

MD7000004221

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(Address)

(Address)

(City/State/Zip/Phone #)

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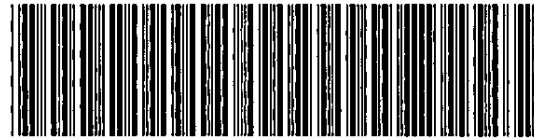
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 04 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLIED PRINTED CIRCUITS, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M07000004221

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:

Amanda Archambault

Name of Person

National Corporate Research, LTD.

Name of Firm/Company

850 New Burton Rd Suite 200

Address

Dover, DE 19904

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Archambault

Name of Person

at ( 866 ) 621-3524 ext. 3041

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

National Corporate Research, LTD.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for ALLIED PRINTED CIRCUITS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

M07000004221

\_\_\_\_\_  
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.

A. Archambault  
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary

\_\_\_\_\_  
Capacity

**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**

**FILED**  
**2017 APR - 3 P 1:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**