

MD8000000796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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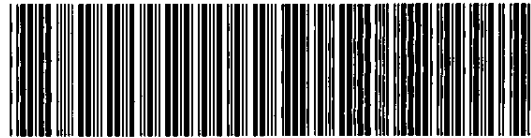
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

JUN 7 2011

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 360 PROJECT MANAGEMENT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M08000000796

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:

Crystal Temple
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

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

For further information concerning this matter, please call:

Crystal Temple on behalf of Incorp Services, Inc. at (702) 866-2500
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Incorp Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for 360 PROJECT MANAGEMENT LLC

Name of Limited Liability Company

M08000000796
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.

By Tennie Sedlacek
Signature of Resigning Agent

If signing on behalf of an entity:

Tennie Sedlacek
Typed or Printed Name
C.O.O.
Capacity

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2011 JUN -6 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
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P.O. Box 6327
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By *Tennie Sedlacek*
Signature of Resigning Agent

If signing on behalf of an entity:

Tennie Sedlacek
Typed or Printed Name
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