· (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
. (Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	•	



900158346189

07/13/09--01013--015 **85.00

COVER LETTER

SUBJECT:WIRELESS VENTURES OF VENEZUELA, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: M0800000837
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:
Tami Gerardi
Name of Person
National Corporate Research, Ltd.
Name of Firm/Company
615 South DuPont Highway Address
Dover, DE 19901 City/State and Zip Code
tami@nationalcorp.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wayne Rafanelli at (800) 483-1140 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

Pursuant to the provisions o	f section 608.416(2) or 608.509, Florida Statutes, the unders	signed,		
	porate Research, Ltd., Inc. , hereby resignment of Registered Agent	ns as		
142	nic of Registered Agent			
Registered Agent for	WIRELESS VENTURES OF VENEZUELA	A, LLC		
	Name of Limited Liability Company		,	
M0800000	00837			
Document Numbe	r, if known			
A copy of this resignation w	vas mailed to the above listed limited liability company at its	last known ad	dress.	
The agency is terminated an	d the office discontinued on the 31st day after the date on w	hich this staten	nent is:	filed.
	Signature of Resigning Agent			
	signature of Resigning Agent			
If signing on behalf of an en	itity:	AL 3S	2009 JUL 13	
	Marina Dafaralli	CRETARY LAHASSEE	ي	***************************************
	Wayne Rafanelli	AH HE	7	- S
	Typed or Printed Name	SS	$\overline{\omega}$	-
	V.P National Corporate Research	EQ EX		
	Capacity	FLS.	P.	-
	·	410		
		<u> </u>	1	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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

. . . .