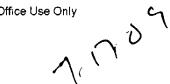
M0800000840

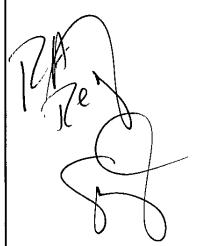
(Re	questor's Name)	
. (Ad	dress)	
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· (Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number) .
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEF FINALE

COVER LETTER

Amendment Section Division of Corporations

SUBJECT: TELCOM THIRD GENERATION HOLDINGS, L.L.C. Name of Limited Liability Company
,,
DOCUMENT NUMBER: M0800000840
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)
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
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 608.416(2) or 608.509, Florida Statutes, the under	rsigned,
National Cor	rporate Research, Ltd., Inc. , hereby resignment of Registered Agent	çns as
Registered Agent for		C.
	Name of Limited Liability Company	,
M080000		
Document Number	er, if known	
A copy of this resignation v	was mailed to the above listed limited liability company at it	s last known address.
The agency is terminated an	nd the office discontinued on the 31st day after the date on v	which this statement is filed.
_	Wayne da Jaully Signature of Resigning Agent	
If signing on behalf of an e	ntity:	
it signing on benan of an ei	nuty.	7, 22
_	Wayne Rafanelli	SEC 3
	Typed or Printed Name	FIL 2009 JUL 13 SECRETAR TALLAHASS
·	Capacity	Lile A Continent
•		PH 1: 48 OF STATE E. FLORIDA
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily	₽
	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