Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

: (702)866-2500

Fax Number

: (702)866~2689

Entet; the email address for this business entity to be used for future Cannual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION SHEE ATIKA TECHNOLOGIES LLC

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Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:_	SHEE ATIKA	rechnolog	IES LLC		
50202011 <u> </u>		Name of Lim	ited Liability	Сотралу	
DOCUMENT	Г NUMBER:	M0800000	1233		
The enclosed for filing.	Resignation of Reg	sistered Agent i	for a Limited	Liability Company and fee ar	e submitted
Please return	all correspondence	concerning this	s matter to th	e following:	
Wendy Hefi	ey				
	Name of Po	erson			
Incorp Serv	ices, Inc.				
	Name of Firm/	Company			
2360 Corpo	orate Circle, Suite	400			
	Addres	S			
Henderson,	, NV 89074				
<u> </u>	City/State and	Zip Code	-		
processing(@incorp.com				
E-mail add	ress: (to be used for fu	ture annual report	notification)		
For further in	formation concerni	ng this matter,	please call:		
Incorp Servi	ices, Inc./Wendy	Hefley at	702	866-2500 ext 6601	
	Name of Person	at	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the u	ındersigned,	
Incorp Services, I	Inc.	, hereby resigns as	MISHAY 12
	Name of Registered Agent	,	
Registered Agent for	SHEE ATIKA TECHNOLOGIES LLC	<u> </u>	- S
	Name of Limited Liability Company		92 33
M080000	01233		₩
Document?	Number, if known		
A copy of this resignat	tion was mailed to the above listed limited liab	ility company at its last k	nown address.
The agency is terminal	signature of Resigning Ag		nis statement is filed.
If signing on behalf of	Can entity:		
	Wendy Hefley for Incorp Services, I	Inc.	
	Typed or Printed Name		
	Authorized Representative		
	Capacity	· · · · · · · · · · · · · · · · · · ·	

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

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