

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (302)531-0855

Fax Number : (850)656-7953

REGISTERED AGENT RESIGNATION

ONSEARCHINTERACTIVE, LLC

Certificate of Status	0
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Estimated Charge	\$35.00

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TO: Amendment Section

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TRANSMITTAL LETTER

Divisi	on of Corporations				•
SUBJECT:	ONSEARCHINTE	ERACTIVE, LL	С		
5020E01		(Name of Limit	ed Liabilit	y Company)	
DOCUMENT	T NUMBER: MO	3000001336			
The enclosed for filing.	Resignation of Reg	istered Agent fo	r a Limite	ed Liability Company an	d fee are submitted
Please return	all correspondence	concerning this	matter to	the following:	
TUNISHA S	COTT				
<u></u>	(Name of P	erson)			
INCORPOR	ATING SERVICE	S, LTD.			
	(Name of Firm/	Company)		_	
3500 S. DU	PONT HWY.				
	(Addres	s)		_	
DOVER	DE	19901		_	
	(City/State and	Zip Code)			
For further in	formation concernit	ng this matter, p	lease call:		
TUNISHA S	· ·	at (302	531-0855 de & Daytime Telephone	N
	(Name of Person)		(Area Co	de & Daytime Telephone	Number)
Enclosed is a liability comp liability comp	any or \$25.00 for a	e to the Florida in administrative	Departme ly dissolv	nt of State for \$85.00 fo ed, voluntarily dissolved	r an active limited d or withdrawn limited

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INH\$17(11/02)

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ons of section 608.416(2) or 608.509, Florida Sta	tutes, the undersigned,	
INCORPORATIN	G SERVICES, LTD.	_, hereby resigns as	
	(Name of Registered Agent)	_,	
Registered Agent for	ONSEARCHINTERACTIVE, LLC		
	(Name of Limited Liability Company)	•	
M08000001336			
(Document No	mber, if known)		
A copy of this resigna	ion was mailed to the above listed limited liability	y company at its last known address.	
The agency is termina	(Signature of Resigning Agent)	er the date on which this statement is fi	ileđ.
If signing on behalf of	an entity:	SE	09
	CANDICE B. SWETLAND	CRE	9 ≥>-
	(Typed or Printed Name) ASSISTANT SECRETARY	TARY	PR 16
	(Capacity)	ORIA G	Æ 8: 03
	FILING FEES: \$ 85.00 Active limited liability of Administratively dissolved withdrawn limited liability dissolved withdrawn limited liability dissolved withdrawn limited liability dissolved withdrawn limited liability dissolved with a liability diss	company yed/ voluntarily dissolved/	

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