

08000003399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

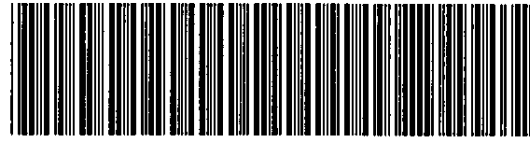
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Assignment
to RA

02/19/14--01020--006 **70.00

FILED
2014 MAR 19 PM 2:27
DEPT. OF STATE
TALLAHASSEE, FLORIDA

3/20/14

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2014

Thelma Myerson
P.O. Box 4668 #96049
New York, NY 10163-4668

SUBJECT: EXCHANGE ACCESS, LLC
Ref. Number: M08000003399

We have received your document for EXCHANGE ACCESS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a limited liability company and the document submitted is for a corporation. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 014A00003903

RECEIVED

14 MAR 19 PM 4:31

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCHANGE ACCESS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M08000003399

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:

THELMA MYERSON
Name of Person

Name of Firm/Company

PO BOX 4668 96049
Address

NEW YORK, NY 10163-4668
City/State and Zip Code

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

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED
MAR 19 PM 2:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

THELMA MYERSON _____, hereby resigns as

Name of Registered Agent

Registered Agent for **EXCHANGE ACCESS, LLC** _____

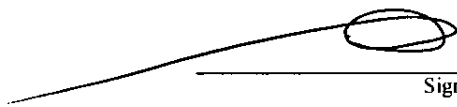
Name of Limited Liability Company

M08000003399 _____

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.

 _____
Signature of Resigning Agent

If signing on behalf of an entity:

THELMA MYERSON _____
Typed or Printed Name

SELF _____
Capacity

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:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**