

709000062972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

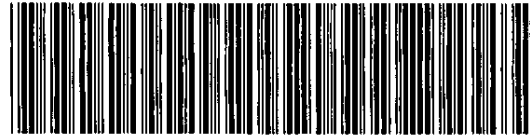
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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T. HAMPTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**                     DATA LINE LLC                      
Name of Limited Liability Company

**DOCUMENT NUMBER:**                     M09000002972                    

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:

                    Brooke Breeding                      
Name of Person

                    National Corporate Research, Ltd.                      
Name of Firm/Company

                    615 S Dupont Hwy                      
Address

                    Dover, DE 19901                      
City/State and Zip Code

                    statrep@nationalcorp.com                      
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

                    Brooke Breeding                     at ( 800 ) 483-1140 ext 3005  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,

National Corporate Research, Ltd., hereby resigns as  
Name of Registered Agent

Registered Agent for DATALINE LLC

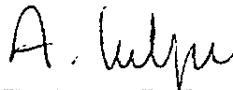
Name of Limited Liability Company

M09000002972

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:

Andrew Lundgren

Typed or Printed Name

V.P., National Corporate Research, Ltd.

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

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