

12/30/2015 3:25 PM

Division of Corporations

No. 0695

1109000003171

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H15000306920 3))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

STATE OF FLORIDA
CALLAHAN/SELBY/PHORIS
2015 DEC 30 AM 11:41

FILED

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

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
SOFTPATH SYSTEM, LLC

RECEIVED
15 DEC 30 PM 4:15
STATE OF FLORIDA
CALLAHAN/SELBY/PHORIS

Certificate of Status	0
Certified Copy	0
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K. SALY
EXAMINER
DEC 31 2015

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOFTPATH SYSTEM, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M09000003171

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:

DENELL SPROWL
Name of Person

INCORPORATING SERVICES, LTD.
Name of Firm/Company

3500 S DUPONT HWY
Address

DOVER, DE 19901
City/State and Zip Code

DSPROWL@INCSERV.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENELL SPROWL at 302 531-0707
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

H15000306920 3

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
INCORPORATING SERVICES, LTD.

Name of Registered Agent

Registered Agent for **SOFTPATH SYSTEM, LLC**

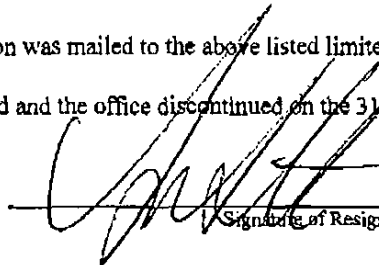
Name of Limited Liability Company

M09000003171

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:

TUNISHA SCOTT

Typed or Printed Name

ASSISTANT SECRETARY

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**

2015 DEC 30 AM 11:41
FILED
CORPORATION SERVICES, ALLIANCE
TALLAHASSEE, FLORIDA