M10000001785

(Re	questor's Name)	<u>.</u>		
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SEP 1 4 2015 J SHIVERS

212.894.8940 tel 212.590.9180 fax ~ www.ctcolporation.com

September 2, 2015

RE: DROP TEST INTERNATIONAL, LLC (DE. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is ______ to check in the amount of _\$25.00__to cover the required filing fee.

Very truly yours.

C T CORPORATION SYSTEM

Thereoa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

COVER LETTER

SUBJECT: DROP TEST INTERNATIONAL, LLC (DE. DOM.) Name of Limited Liability	Company
DOCUMENT NUMBER: (M10000001385)	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
THERESA ALFIERI	
Name of Person	
C T CORPORATION SYSTEM	
Name of Firm/Company	
111 EIGHTH AVENUE 13TH FLOOR Address	
Address	
NEW YORK, NY 10011	
City/State and Zip Code	
Theresa. Alfieri@Wolterskluwer.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
THERESA ALFIERI at (212	894-8516
Name of Person Area Code) 894-8516 Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limit

STREET ADDRESS:

2661 Executive Center Circle

Amendment Section
Division of Corporations

Tallahassee, FL 32301

Clifton Building

INHS17 (12/13)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Amendment Section

TO: Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0	115, Florida Statutes, the	undersigned,	
C T CORPORATION SYSTEM			, hereby resigns as	
	Name of Registered	Agent	, , , , , , , , , , , , , , , , , , , ,	
Registered Agent for	DROP TEST INTER	NATIONAL, LLC (DE. D	DOM.)	
	Name of	Limited Liability Company	,	
(M10000001385)				
Document N	umber, if known			
-			bility company at its last known address. y after the date on which this statement is f	iled.
	C T Corpor	ration System		
If signing on behalf of a	an entity:	Signature of Resigning A	Agent SEP	7
	C T Corpo	oration System - Theresa Alf	fieri SA =	***
		Typed or Printed Name		3
		Assistant Secretary		177
,		Capacity	SKIDA	gir Marjey Same

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

INHS17 (12/13)