M10000004843

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
JUN 2 7 2013	
L. SELLERS	

Office Use Only



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SECRETARY OF STATE
TALL AMASSEE, PLORIDA



June 13, 2013

RE: PROMMIS SOLUTIONS, 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 _____ check in the amount of \$85.00__to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary (212)894-8516

TA/hm Enclosure

National Registered Agents, Inc.

111 Eighth Avenue 13th Floor New York, NY 10011

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
NRAI SERVICES, I	NC. , hereby resigns as
	(Name of Registered Agent)
Registered Agent for	PROMMIS SOLUTIONS, LLC (DE. DOM.)
	(Name of Limited Liability Company)
M10000004843	
(Document Nu	mber, if known)
A copy of this resignar	tion was mailed to the above listed limited liability company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after the date on which this statement is filed.
	(Signature of Mesigning Agent)
If signing on behalf of	an entity:
	NRAI SERVICES, INC Theresa Alfieri
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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