

M110000003692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

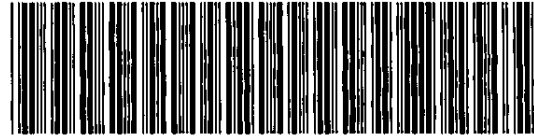
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700262459707

07/23/14--01020--003 \*\*510.00

FILED

14 JUL 23 PM 3:56

CLERK OF COURT  
TALLAHASSEE, FLORIDA

C.M.  
8-6-14



July 14, 2014

RE: ATS SERVICES, LLC	(FL. DOM.)
CMS NY LLC	(NY. DOM.)
EXHIBITORS CARPET SERVICE, LLC	(IL. DOM.)
MINUIT PARTNERS FL LLC	(FL. DOM.)
PURE NATURALS CERTIFIED LLC	(FL. DOM.)
WOODWARD CALLAGHAN LLC	(FL. DOM.)

FILED  
14 JUL 23 PM 3:56  
STATE  
TALLAHASSEE, FLORIDA

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 corporation. Also enclosed is 1 check in the amount of \$510.00 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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CMS NY LLC (NY. DOM.)  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M11000003692

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:

THERESA ALFIERI  
Name of Person

NRAI SERVICES, INC.  
Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR  
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 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

FILED  
14 JUL 23 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED  
14 JUL 23 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

NRAI Services, Inc. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for CMS NY LLC (NY. DOM.) \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

M11000003692

\_\_\_\_\_  
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.

NRAI Services, Inc.

By: \_\_\_\_\_

Signature of Resigning 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