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Division of Corporations

Fax Number : (850) 617 6383

From:

Account Name : INCORP SERVICES INC

Accoust Number : +20120000007 Fhone : (702)866-2500 Fox Number : (702)866-2689

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

wendy.hefley@incorp.com Email Address:

LLC REGISTERED AGENT RESIGNATION FEDLINK WIRELESS, LLC

Certificate of Status	0
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Page Count	03
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COVER LETTER

Division of Corporations	
SUBJECT: FEDLINK WIRELESS, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: M12000001811	
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 th	e following:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Incorp Services, Inc./Wendy Hefley 702	866-2500 ext 6904
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the unc	lersigned,			
Incorp Services, Inc.	_ , hereby resigns as		20	
Name of Registered Agent	,	2: .	29	
Registered Agent for FEDLINK WIRELESS, LLC			2029 HAY 1	
Name of Limited Liability Company			AH IO:	*
M12000001811				
Document Number, if known				
The agency is terminated and the office discontinued on the 31st day af Signature or Assignment Agent Agent Signature or Designment Agent Signature or Design Signature		this st	atemen	t is filed.
Wendy Hefley for Incorp Services, Inc	5.			
Typed or Printed Name				
Authorized Representative				
Capacity				
EN INC FEES				
FILING FEES:				

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$ 85.00 \$ 25.00 Active limited fiability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company