M12000003433

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to F	-iling Officer:	
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SUCKETARY OF STATE

K. SALY AUG - 3 Z017



Corporate Office 1701 Directors Blvd. Suite 300 Austin, TX 78744

(888) 705-7274 Phone (888) 706-7274 Fax www.rasi.com Web

July 21, 2017

Florida Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Entity Resignations

To Whom It May Concern:

Registered Agent Solutions, Inc. hereby resigns as registered agent for the attached entities. Written notice of resignation was given to the attached entities by delivering such notice to the entities at their last known addresses. Enclosed please find the following for filing with the Florida Secretary of State:

- One original of the Resignation of Registered Agent statement.
- Checks as appropriate for active or inactive entities.

Please file immediately the enclosed, and return a scan of the file-stamped document via email to:

COA@RASI.COM

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888)705-7274.

Sincerely,

Alvin Sayre
Registration Specialist
Registered Agent Solutions, Inc.

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: INDOOR DIRECT, LLC	 	
Name of Limite	d Liability Company	
DOCUMENT NUMBER: M12000003433		
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted	
Please return all correspondence concerning this m	natter to the following:	
Alvin Sayre		
Name of Person	i	
Registered Agent Solutions, Inc.	i	
Name of Firm/Company		
1701 Directors Blvd # 300		
Address		
Austin TX 78744		
City/State and Zip Code	<u></u>	
coa@rasi.com		
E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter, ple	ase call:	
	88 705-7274	
Name of Person at (rea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	REET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
Tallahassee, FL 32301		

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statu	ites, the undersigned,
Registered Agent Solutions, Inc.	hereby resigns as
Name of Registered Agent	T 20 1 1
Registered Agent for INDOOR DIRECT, LLC	. hereby resigns as
	7073
Name of Limited Liability Con	npany 7.0
· ····· · · · · · · · · · · · · · · ·	70 v.
M12000003433	8
Document Number, if known	
A copy of this resignation was mailed to the above listed lim	ied liebilie - common et les les la lancour
A copy of this resignation was mailed to the above listed infi	med hability company at its last known address.
Signature of Res If signing on behalf of an entity: Justine Karnell	signing Agent
Typed or Printed No	ame!
Assistant Secretary	
Capacity	
Entity in INACTIVE \ \sqrt{\$25.00} Administrati	ed liability company vely dissolved/ imited liability company
Make checks payable to Florida De Division of Co P.O. Box	rporations 6327

INHS17 (2/14)