

M12000004887

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850) 878-5368

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**LLC REGISTERED AGENT RESIGNATION
INNOVATION INTERNATIONAL LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATION INTERNATIONAL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M12000004887

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:

Katie Seidita

Name of Person

NRAI SERVICES, INC.

Name of Firm/Company

111 8th Avenue, 13th Floor

Address

New York, New York 10011

City/State and Zip Code

kate.seidita@voltersklower.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate Seidita:

Name of Person at (212) 894-8526
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 undersigned,

NRAI SERVICES, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for INNOVATION INTERNATIONAL, LLC

Name of Limited Liability Company

M12000004887

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.



Signature of Resigning Agent

If signing on behalf of an entity:

NRAI Services, Inc. - Kate Seidita

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

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