

M130000001220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

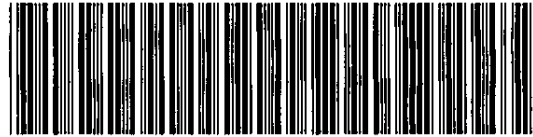
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

FILED
14 JUL 23 PM 4:00
SENDER'S OFFICE STATE
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 4:01
SECRETARY OF 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: EXHIBITORS CARPET SERVICE, LLC (IL. DOM.)
Name of Limited Liability Company

DOCUMENT NUMBER: M13000001220

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 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
14 JUL 23 PM 4:01
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 EXHIBITORS CARPET SERVICE, LLC (IL. DOM.)

Name of Limited Liability Company

M13000001220

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