

MI3000003291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

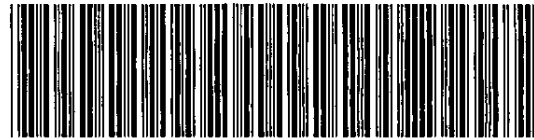
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200291359002

11/01/16--010000001\*\*307.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 OCT 31 PM 4:39

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 OCT 31 PM 4:59

FILED

NOV 02 2016

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLIED FIBER - FLORIDA, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M13000003291

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:

Amanda Archambault

Name of Person

National Corporate Research, LTD.

Name of Firm/Company

850 New Burton Rd Suite 200

Address

Dover, DE 19904

City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Archambault

Name of Person

at ( 866 ) 621-3524 ext. 3041

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

National Corporate Research, LTD.

, hereby resigns as

Name of Registered Agent

Registered Agent for ALLIED FIBER - FLORIDA, LLC

Name of Limited Liability Company

M13000003291

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.

Brooke Daugherty-Hayes  
Signature of Resigning Agent

If signing on behalf of an entity:

Brooke Daugherty-Hayes

Typed or Printed Name

Assistant Secretary

Capacity

FILED  
16 OCT 31 PM 4:58  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

### 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