## M1400009167

| (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



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FILED

15 JUL -7 PH 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





## Resignation of Registered Agent for \$\frac{3}{2}\$ Foreign Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

7/2/2015 FLORIDA

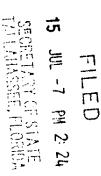
**REP UNIT:** 

**BEYOND LIGHT LABS, LLC** 

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 26439 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767







## **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: BEYOND LI  | GHT LABS, LLC   |
| Name of Limite  | ed Liability Company  |
| <b>DOCUMENT NUMBER:</b> M14000009167  | ·   |
|   | a Limited Liability Company and fee are submitted   |
| Please return all correspondence concerning this r  | natter to the following:  |
| Rhonda Peirce  Name of Person   |   |
| Capitol Corporate Services, Inc. (Registere Name of Firm/Company  | ed Agent Dept.)   |
| 800 Brazos, Ste 400<br>Address  | —— LED  |
| Austin TX 78701  City/State and Zip Code  | 2: 24   |
| rpeirce@capitolservices.com  E-mail address: (to be used for future annual report no                                    | tification)   |
| For further information concerning this matter, ple   | ease call:  |
| Rhonda Peirce at (  | 800 345-4647 Area Code Daytime Telephone Number   |
| Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company. | Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn limited |
| MAILING ADDRESS:  | STREET 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 provision | ns of section 603.0113, Florida Statutes, the undersigned,  |                                     |  |  |
|---------------------------|---|-------------------------------------|--|--|
| Capito                    | Corporate Services, Inc., hereby re   | esigns as                           |  |  |
| Registered Agent for      | BEYOND LIGHT LABS, LLC  |                                     |  |  |
| L.,.                      | Name of the Limited Liability Company   |                                     |  |  |
| Document Nu               | 0009167  mber, if known  on was mailed to the above listed limited liability company a  | nt its last known address           |  |  |
| .,                        | d and the office discontinued on the 31st day after the date of   |                                     |  |  |
| If signing on behalf of a | n entity: Jason Fischer   | SECRET                              |  |  |
|                           | Typed or Printed Name  Assistant Secretary  Capacity  | L-7 PM :<br>ARY OF ST<br>ASSEE, FLO |  |  |
|                           | FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/volunta withdrawn limited liability compan | ORIDA  wrily dissolved/             |  |  |

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