

MIS 00 0001231

(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



000289207340

08/23/16--01009--026 **635.00

FILED

2016 AUG 22 P 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONRAMP COMMUNICATIONS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: _____

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

Name of Firm/Company

850 New Burton Rd Suite 200

Address

Dover, DE 19904

City/State and Zip Code

aarchambault@nationalcorp.com

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

For further information concerning this matter, please call:

Amanda Archambault

at (866) 621-3524 ext. 3041

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

2016 AUG 22 P 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Name of Registered Agent

, hereby resigns as

Registered Agent for ONRAMP COMMUNICATIONS, LLC

Name of Limited Liability Company

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 D. Hayes
Signature of Resigning Agent

If signing on behalf of an entity:

Brooke Daugherty-Hayes

Typed or Printed Name

Assistant Secretary

Capacity

FILED
2016 AUG 22 P 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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