MIL000005183

	(Requestor's Name)	
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	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
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	(Business Entity Name)	
	(D)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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Resignation of Registered Agent for a 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:

12/27/2016

REP UNIT:

FLORIDA

INTELLIGARDE INTERNATIONAL
USA GP 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 # 28147 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: Regis Divis	istration Section sion of Corporations	
SUBJECT:	INTELLIGARDE INTERNATION	ONAL USA GP LLC
_	Name of Limited Liabil	ty Company
DOCUMEN	NT NUMBER: M1600005183	
The enclosed for filing.	ed Resignation of Registered Agent for a Limit	ed Liability Company and fee are submitted
Please return	n all correspondence concerning this matter to	the following:
Rhonda Pe	eirce Name of Person	
Capitol Cor	orporate Services, Inc. (Registered Ager Name of Firm/Company	nt Dept.)
PO Box 18	Address	_
Austin, TX	C 78767 City/State and Zip Code	_
E-mail ad	capitolservices.com ddress: (to be used for future annual report notification) information concerning this matter, please call	
Rhonda Pe	-	
	Name of Person Area Coo) 345-4647 le Daytime Telephone Number
Enclosed is a liability compliability compliability		ent of State for \$85.00 for an active limited yed, voluntarily dissolved or withdrawn limited
MAILING A		EET ADDRESS:
Registration	-	stration Section ion of Corporations
P.O. Box 632	-	on Building
Tallahassee,		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 605.0115, Florida Statutes, the undersigned,
Capito	Corporate Services, Inc. , hereby resigns as
_	Name of Registered Agent
Registered Agent for	INTELLIGARDE INTERNATIONAL USA GP LLC
L	Name of the Limited Liability Company
M1600	00005183
	mber, if known
A copy of this resignation	on was mailed to the above listed limited liability company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after the date on which this statement is filed.
	- A-
	Signature of Resigning Agent
If signing on behalf of a	n entity:
	Jason Fischer
	Typed or Printed Name
	Typed or Printed Name Assistant Secretary Capacity Capacity A 32
	Capacity
	TE 32
	FILING FEES: \$ 85.00 Active limited liability company
	\$ 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