

M160000006851

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(Business Entity Name)

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2017 MAY -4 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 08 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CALLTACTICS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M16000006851

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:

DENNIS RINKER  
Name of Person

JB INVESTMENT GROUP, LLC  
Name of Firm/Company

197 S. FEDERAL HWY, STE 300  
Address

BOCA RATON, FL 33432  
City/State and Zip Code

breanne@zezomedia.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS RINKER at 561 862-7555  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**ARTHUR PALERMO JR**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **CALLTACTICS, LLC**

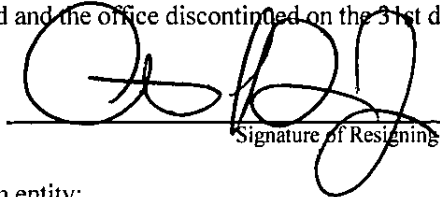
\_\_\_\_\_  
Name of Limited Liability Company

**M16000006851**

\_\_\_\_\_  
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.

 **CPA**  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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**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**