

Division of Corporations Public Access System

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000036208 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: BUSINESS FILINGS

Account Number : 105256001620

Phone

: (608)827-5300

Fax Number

: (608)827-5501

## DISSOLUTION OR WITHDRAWAL

NET SUCCESS SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

FER Da see

https://efile.sunbiz.org/scripts/efilcovr.exe P. 81

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000036163 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0360

Prom:

Account Name

: BROAD AND CASSEL - MIAMI

Account Number : I19990000191

Phone

: (305)373-9400

Fax Number

: (305)373-9443

# REGISTERED AGENT CHANGE

#### TESLAR INSIDE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

The SEB OF Love

BROAD, CASSEL

#### H06000036163 3

#### **COVER LETTER**

T	eslar Inside Corporation
SUBJECT:	(Name of Corporation)
DOCUMENT:	NUMBER:_P02000073864
The enclosed Si	tatement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Gisela Fasco
	(Name of Contact Person)
	Broad and Cassel
	(Firm/Company)
	One Biscayne Tower, 21st Floor
	2 South Biscayne Boulevard
	(Address)
	Miami, Florida 33131-1811
•	(City/State and Zip Code)
For further info	rmation concerning this matter, please call:
Gisela Fasco	at (305) 373-9419 (Name of Contact Person) (Area Code & Daytime Telephone Number
	(Name of Contact Person) (Area Code & Daytime Telephone Number

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H06000036163 3

FEB. 9. 2006 11:09AM

H06000036163 3

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida				
The name of the corporation: Testar Inside Corporation				
2. The principal office address: 169 East Flagler Street, Sulte 1701, Miami, Florida 33131				
3. The mailing address (if different):				
4. Date of incorporation/qualification: July 8, 2002 Document number: P02000073864				
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:				
Phillip M. Hudson, III				
80 S.W. 8th Street, Suite 3100				
Miami, Florida 33145-3313				
6. The name and street address of the new registered agent (if changed) and /or registered agent (if changed):				
Mark F. Raymond, Esq. One Biscayne Tower, 21st Floor				
2 South Biscayne Boulevard (P.O. Box NOT acceptable)				
Miami, Florida 33131-1811				
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.				
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
Withelm Stein, Director (France or an other or dipletor)				
I hereby accept the appointment as registered agent and agree to act in this canacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.				
(Signature of Physician Agent) 2/2/06 (Date)				
If signing on behalf of an entity:				
(Typed or Printed Name)				

\* \* \* FILING FEE: \$35.00 \* \* \*

H010000317083

### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Department of State:	
	Net Success Solutions, Inc.	
SECOND:	The document number of the corporation (if known): P00000076632	
THIRD:	The date dissolution was authorized: 1/24/2006	
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)	<del>-</del>
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for d was sufficient for approval.	issolution
	Dissolution was approved by of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group envote separately on the plan to dissolve:	titled to
	The number of votes cast for dissolution was sufficient for approval by	
	Man C. Cal	
	(voting group)	
	Signed this 3 day of Library 2006	
Signat		_ :
	(By a director, president or other officer - if directors or officers have not been selected, by an i neorporal if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	or –
	Shawn C. Eubanks	
	(Typed or printed name of person signing)	
	<b>6</b>	m
	President 27	Ö
	(Title of person signing)	·

Filing Fee: \$35