

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : I20050000052

: (302)531-0855

Phone Fax Number

: (850)656-7953

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Rmai?	Address:	

REGISTERED AGENT RESIGNATION TELLIGENIX CORPORATION

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Estimated Charge	\$87.50

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COVER LETTER

TO:	Amendment Section Division of Corporations
SURI	ECT: TELLIGENIX CORPORATION
~~~	(Name of Corporation)
DOC	UMENT NUMBER: P02000030530
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
EDI	E WHITEBREAD
	(Name of Person)
INC	ORPORATING SERVICES, LTD.
	(Name of Firm/Company)
3500	S. DUPONT HWY.
	(Address)
DQV	/ER, DE 19901
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
EDIE	(Name of Person) at ( 800 ) 346-4646 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address: Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned INCORPORATING SERVICES LTD.
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, INCORPORATING SERVICES LTD.
(Name of Registered Agent)
hereby resigns as Registered Agent for TELLIGENIX CORPORATION
(Name of Corporation)
P02000030530
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.  (Signature of Resigning Agent)
If signing on behalf of an entity:
CANDICE B. SWETLAND
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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