P09000015183

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | :y/State/Zip/Phone | ⇒ #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nan | ne) |
| (2) | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

RARCS QAD8/11

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: N SOURCE SER | (Name of Corporation) |
| DOCUMENT NUMBER: <u>P09000</u> | 075183 |
| The enclosed Resignation of Registered | Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concern | ing this matter to the following: |
| ROBERT N. CHILDRESS (Name of Person) | • |
| NSOURCE SERVICES, INC (Name of Firm/Compan) | · v) |
| 5650 BRECKENRIDGE PARKU (Address) | |
| TAMPA, FL 33610 (City/State and Zip Code | 2) |
| For further information concerning this n | natter, please call: |
| ROBERT N. CHILDRESS (Name of Person) | at (877) 484-406 (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the or \$35.00 for an administratively dissolved | Florida Department of State for \$87.50 for an active corporation ed, voluntarily dissolved or withdrawn corporation. |
| Amendment Section Am Division of Corporations Div Clifton Building Pos | iling Address: endment Section rision of Corporations t Office Box 6327 ahassee, FL 32314 |

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, John D. DARSEY III (Name of Registered Agent) |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for NSOURCE SERVICES, INC. (Name of Corporation) |
| P09000075183 |
| (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: SEP 28 (Typed or Printed Name) |
| 9. LE CASE |

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

(Capacity)