



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/27/2009	200914600544	AGENT RESIGNATION/LIMITED LIABILITY CO/PARTNERSHIP (LAG)	25.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

OMAR NASER
9871 DARGATE LANE
CINCINNATI, OH 45231

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1595814**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SYMMETRY HOME TECHNOLOGY LLC

and, that said business records show the filing and recording of:

Document(s)

AGENT RESIGNATION/LIMITED LIABILITY CO/PARTNERSHIP

Document No(s):

200914600544

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 26th day of May, A.D.
2009.

Ohio Secretary of State



**Form 521 Prescribed by the:
Ohio Secretary of State**

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)

Mail form to **one** of the following:

- ☐ Expedite PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☒ Non Expedite PO Box 788
Columbus, OH 43216

STATUTORY AGENT UPDATE

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent ☐ Corp (165-AGS) ☐ LP (165-AGS) ☐ LLC (171-LSA)	(2) Change of Address of an Agent ☐ Corp (145-AGA) ☐ LP (145-AGA) ☐ LLC (144-LAD)	(3) Resignation of Agent ☐ Corp (155-AGR) ☐ LP (155-AGR) ☒ LLC (153-LAG) ☐ Partnership (155-AGR)
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Name of Entity <u>Symmetry Home Technology LLC</u>
Charter, License or Registration No. <u>01595814</u>
Name of Current Agent <u>Omar Naser</u>

Complete the information in this section if box (1) is checked		
Name and Address of New Agent	<u>Name of Agent</u>	
	<u>Mailing Address</u>	
<u>City</u>	<u>Ohio</u> State	<u>Zip Code</u>

Complete the information in this section if box (1) is checked and business is an Ohio entity**ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT**

The Undersigned, _____, named herein as the
Name of Agent

Statutory agent for, _____, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: _____
Statutory Agent

- ☐ If the agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

Complete the information in this section if box (2) is checked**New Address of Agent**

Mailing Address

City

Ohio
State

Zip Code

- ☐ If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

4775 Dale Ave

Mailing Address

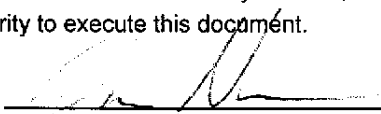
Cincinnati

City

Ohio
State

45238-4530

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.		
REQUIRED Must be authenticated (signed) by an authorized representative (See Instructions)		05/20/2009
	Authorized Representative	Date
	Omar Naser	
	Print Name	
	Authorized Representative	Date
	Print Name	