## F9COCCIOIS

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

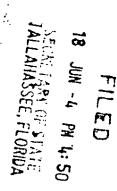
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## **COVER LETTER**

FO: Amendment Section Division of Corporations	
SUBJECT: MRV TECHNOLOGIES, 1	NC.
(Name of Corpora	tion)
DOCUMENT NUMBER: COGENCY GLOBAL IN	<u>C</u>
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to (	he following:
Gretchen McDougal	
(Name of Person)	<b></b>
COGENCY GLOBAL INC.	
(Name of Firm/Company)	_
850 New Burton Rd. Suite 201	
(Address)	_
Dover, DE 19904	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Gretchen McDougal at (866	,621.3524
(Name of Person) (Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## 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. COGENCY GLOBAL INC.	
(: value of registered regular)	
hereby resigns as Registered Agent for MRV TECHNOLOGIES, INC. (Name of Corporation)	Э.
(Name of Corporation)	
F9600001018	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
With MAgal	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	TAL
Gretchen McDougal	
(Typed or Printed Name)	N -4 ASSE
Assistant Secretary	
(Capacity)	R 5

## 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