## L02000011492 Requester's Name

LOUIS HASKEL, CPA 415 S. San Remo Ave. earwater, FL 33756

CR2E031(7/97)

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #) 0000073085300
3. (Corporation Name)	-08/23/0201039005 (Document #) *****85.00 *****85.00
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy R  Photocopy  Certificate of States
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or	608.509, Florida Statu	ites, the undersigned,		
Lovis	Haskel		, hereby resigns as		
	(Name of Registered Agent)				•
Registered Agent for	American	Locators	of Floria	la L	1
	(Name of Limited L	iability Company)	- 5g · .		
A copy of this resignation	on was mailed to the above	listed limited liability	company at its last kn	own addre	ess.
The agency is terminate is filed.	ed and the office discontinu	ed on the 31st day aft	er the date on which	EGRETARY LLAHASSEE	FILE E
If signing on behalf of a	n entity:			بدر و ست	- O
	(Typed o	or printed name)		ुस्तात €	Ð
	(Ca	nacity)	<del></del>		

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

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

INHS17(10/99)