1600082595

(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:		

Office Use Only



000208198840

05/31/11--01036--016 **85.00

11 JUN - 1 PM 3: 20 SECRETARY OF STATE ALL AHASSEF, FLORIO

RAPOS 3

COVER LETTER

Amendment Section

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

TO:

LBC Group LLC
Name of Limited Liability Company SUBJECT: L06000082595 **DOCUMENT NUMBER:** The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rene J. Garcia Jr. Name of Person Garcia & Associates, PL Name of Firm/Company 175 SW 7 Street Suite 1714 Address Miami, Florida 33130 City/State and Zip Code rene@gapllaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rene J. Garcia Area Code & Daytime Telephone Number Name of Person Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. **MAILING ADDRESS:** STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 608.416(2) or 608.509, Florida State	utes, the undersigned,
Garcia & Associates, PL , hereby resigns as		
	ame of Registered Agent	, nates, cong
Registered Agent for	LBC Group LL	<u>.c</u>
	Name of Limited Liability Company	,
L0600008	32595	
Document Number	er, if known	
	was mailed to the above listed limited liability and the office discontinued on the 31st day ite	
	Signature of Rangning Agent	
If signing on behalf of an er	ntity:	
	Rene J. Garcia, Jr.	As 1
	Typed or Printed Name	FII
_	Capacity	FILED -I PH 3: 2 TARY OF STATE ASSEE, FLOR

FILING FEES: \$ 85.00 Active \$ 25.00 Admit Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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