

# L 11000103016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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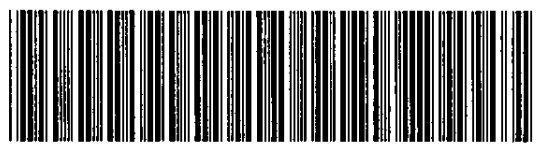
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 15 2013



BLOOMGARDEN,  
GOUDREAU  
& ROSEN, P. A.

8551 West Sunrise Blvd., Suite 208 Ft. Lauderdale, FL 33322 T 954.370.2222 F 954.370.2211  
PAUL M. BLOOMGARDEN • CHERRIE F. GOUDREAU • PHILIP C. ROSEN

August 8, 2013

Via Federal Express

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: CIRCIN, LLC, a Florida limited liability company  
Document No.: L11000103016

Dear Sir or Madam:

Enclosed please find the Cover Letter and Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company prepared for the above referenced entity, and a copy of same. Please have this filed and have Eric Senecal removed as a Managing Member for the entity. Also enclosed is our check in the amount of \$25.00 to cover the filing fee.

Please return a filed copy of the Resignation in the self-addressed, stamped envelope provided.

Thank you very much for your assistance. Of course, if you need any additional information, please feel free to contact me.

Very truly yours,

Victoria Bertrand  
Corporate and Real Estate Paralegal

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CIRCIN, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000103016

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:

**Victoria Bertrand**

Name of Person

**Bloomgarden, Goudreau & Rosen, P.A.**

Name of Firm/Company

**8551 West Sunrise Blvd.**

Address

**Ft. Lauderdale, FL 33322**

City/State and Zip Code

**vbertrand@lawbgr.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Victoria Bertrand**

Name of Person

at ( **954** ) **370-2222**

Area Code & Daytime Telephone Number

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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CIRCIN, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L11000103016

4. I, ERIC SENEAL, hereby resign as a Managing member  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Effective  
January 11, 2011

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)