130015551

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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PIA RES

AUG 05 2014

R. WHITE

COVER SETTER

NUCLEAN LLC		
SUBJECT:		
L13000155651	Limited Liability	Company
DOCUMENT NUMBER:		·
The enclosed Resignation of Registered Age for filing.	ent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	e following:
HENRY CHIROLE		
Name of Person		
NUCLEAN LLC		
Name of Firm/Company		
3509 NW 115TH AVE		
Address		
DORAL, CFL 33178		
City/State and Zip Code		
kristina2217@aol.com		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matt	ter, please call:	
henry chirole	786	236-9942
Name of Person	_ at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

- A

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Stat	utes, the undersigned,
DAVID CHIROLE	, hereby resigns as
Name of Registered Agent	
NUCLEAN LLC Registered Agent for	
Registered regent for	
Name of Limited Liability Co	ompany
L13000155651	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	mited liability company at its last known address.
The agency is terminated and the office discontinued on the	e 31st day after the date on which this statement is filed.
Signature of R	esigning Agent
If signing on behalf of an entity:	
Typed or Printed I	Name G
Capacity	

FILING FEES:

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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