

LO2000014514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

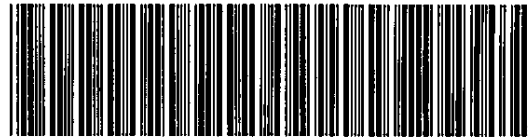
(Business Entity Name)

(Document Number)

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MAR 13 2014

D. B. ...

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Y GROUP REALTY, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L02000014514

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:

Betsy Courant  
Name of Person

Hunt & Gross, PA  
Name of Firm/Company

185 NW Spanish River Blvd.  
Address

Boca Raton, FL 33431  
City/State and Zip Code

betsy@huntgross.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betsy Courant at ( 561 ) 997-9223  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**HCRM CORP.**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **Y GROUP REALTY, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L02000014514**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**Andrew M. Gross**

\_\_\_\_\_  
Typed or Printed Name

**President**

\_\_\_\_\_  
Capacity

**FILED**  
2014 MAR 12 PM 5:29  
CLERK OF STATE  
TALLHASSEE FLORIDA

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 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**