

L000000000000397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED  
15 SEP 24 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 25 2015

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cynosure LLC

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

**DOCUMENT NUMBER:** L00000000397

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:

Peter Scholla

\_\_\_\_\_  
Name of Person

Cynosure, LLC

\_\_\_\_\_  
Name of Firm/Company

721 US Highway One, Ste 117

\_\_\_\_\_  
Address

North Palm Beach, FL 33408

\_\_\_\_\_  
City/State and Zip Code

peter@globalinvestmentadviser.com

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

For further information concerning this matter, please call:

Peter Scholla

at ( 561 ) 881-9688

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

FILED  
15 SEP 24 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Amy E. Schultz

Name of Registered Agent

, hereby resigns as

Registered Agent for Cynosure, LLC

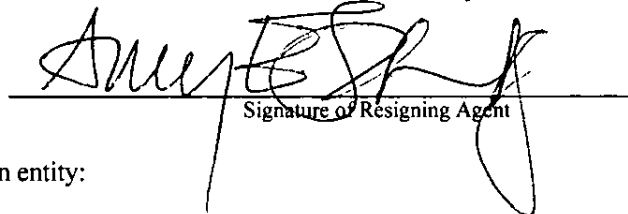
Name of Limited Liability Company

L00000000397

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:

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

\_\_\_\_\_  
Capacity

FILED  
15 SEP 24 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, 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**

PETER SCHOLLA  
JUTTA SCHOLLA  
721 US HIGHWAY 1 STE. 117  
NORTH PALM BEACH, FL 33408

63-215/631  
1000076899417

1822

Date

9/21/15

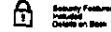
Pay to the order of Florida Department of State \$ 30.-

Thirty

CYNOSURE LLC  
Reg. AGENT

SIGNATURE ADVANTAGE

Dollars



SUNTRUST

ACH RT 061000104

Memo Installation of Schollz

Jutta Scholla

⑆063102152⑆1000076899417⑆ 1822

PETER SCHOLLA  
JUTTA SCHOLLA  
721 US HIGHWAY 1 STE. 117  
NORTH PALM BEACH, FL 33408

63-215/631  
1000076899417

1823

Date

9/21/15

Pay to the order of Florida Department of State \$ 85.-

Eighty five

CYNOSURE LLC  
Resignation of Schollz

SIGNATURE ADVANTAGE

Dollars



SUNTRUST

ACH RT 061000104

Memo Registered Agent

Jutta Scholla

⑆063102152⑆1000076899417⑆ 1823

PETER SCHOLLA  
JUTTA SCHOLLA  
721 US HIGHWAY 1 STE. 117  
NORTH PALM BEACH, FL 33408

63-215/631  
1000076899417

1824

Date

9/21/15

Pay to the order of Florida Department of State \$ 25.-

Twenty five

CYNOSURE LLC  
Resignation of Thaler

SIGNATURE ADVANTAGE

Dollars



SUNTRUST

ACH RT 061000104

Memo 0000 0000 3977 GR as

Jutta Scholla

⑆063102152⑆1000076899417⑆ 1824

SECRETARY OF STATE  
TREASURER, FLORIDA

15 SEP 24 PM 5:00

FILED