

L000000009239

(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

B. BOSTICK

MAY 17 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANTHONY FIORIO & ASSOCIATES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L00000009239

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:

ROBERT F. ADELSON
Name of Person

TAX ADVICE BOOKING & TAX SERVICE INC
Name of Firm/Company

1200 N.W. 17TH AVENUE SUITE B
Address

DELRAY BEACH, FL 33445
City/State and Zip Code

RADELSON@BELL SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT ADELSON at (561) 272-1608
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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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,

TAX ADVICE BOOKKEEPING & TAX SERVICE, INC., hereby resigns as
Name of Registered Agent

Registered Agent for ANTHONY FLORIO & ASSOCIATES, LLC

Name of Limited Liability Company

L 00000009239

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.

Robert F. Adelson

Signature of Resigning Agent

If signing on behalf of an entity:

ROBERT F. ADELSON

Typed or Printed Name

TREASURER

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 16 PM 2:46

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2012

ROBERT E. ADELSON
TAX ADVICE BOOKKEEPING & TAX SERVICE INC
1200 NW 17TH AVENUE, SUITE 8
DELRAY BEACH, FL 33445

SUBJECT: ANTHONY FIORIO & ASSOCIATES, LLC
Ref. Number: L00000009239

We have received your document for ANTHONY FIORIO & ASSOCIATES, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 312A00013922