

100000009994



NCF TITLE, LLC
REGINA SIMPKINS
343 NW COLE TERRACE, SUITE 101
LAKE CITY, FL 32055

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

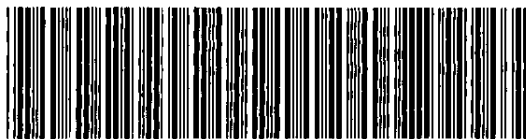
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Resignation
of RA

05/05/10--01049--031 **87.50

FILED
2010 MAY 14 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR
5/14/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2010

NCF Title, LLC
Regina Simpkins
343 NW Cole Terrace, Suite 101
Lake City, FL 32055

SUBJECT: TITLE OFFICES, LLC.
Ref. Number: L00000009994

We have received your document for TITLE OFFICES, 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):

The above entity is an LLC and the document submitted is for a Fla corporation. The correct form is enclosed.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 710A00011630

RECEIVED
2010 MAY 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Little Offices, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 0000009994

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:

~~Mar~~ Regina Simpkins
Name of Person

North Central Fl. Little
Name of Firm/Company

343 NW Cole Terrace, Suite 101
Address

Lake City, Fl. 32055
City/State and Zip Code

Rsimpkins@NCF.Little.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Bryan at (386) 365-8488
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Martha Bryan, hereby resigns as
Name of Registered Agent

Registered Agent for Little Offices, LLC
Little Offices, LLC
Name of Limited Liability Company

20000009994
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.

Martha Bryan
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

FILED
2010 MAY 14 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA