

L01000016523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

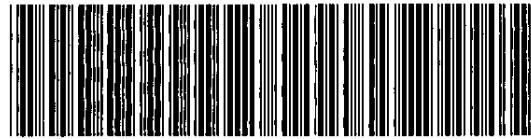
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____ LERA, LC _____
Name of Limited Liability Company

DOCUMENT NUMBER: _____ L01000016523 _____

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:

_____ TODD S. PAYNE _____
Name of Person

_____ ZEBERSKY & PAYNE, LLP _____
Name of Firm/Company

_____ 110 SE 6TH STREET, STE. 2150 _____
Address

_____ FORT LAUDERDALE, FL 33301 _____
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ TODD S. PAYNE at (954) _____ 989-6333
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

TODD S. PAYNE

Name of Registered Agent

, hereby resigns as

Registered Agent for LERA, LC

Name of Limited Liability Company

L01000016523

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 27 AM 10:31

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