10200000000

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| 1127 P/A Res. |
| |
| LO2/2957 |

Office Use Only



MJH

01/27/03--01035--003 **25.00

03 JAN 27 MH 8: 53

TRANSMITTAL LETTER

| Division of Corporations |
|---|
| SUBJECT: Citizens Against Police Corruption, Coalition for Civil Red |
| DOCUMENT NUMBER: LO200002957 |
| 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: |
| Thomas J. Marone (Name of Person) |
| (Name of Firm/Company) |
| 8245 Ibis Club Drive, Suite 414 (Address) |
| Naples, FL 34104 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Thomas J. Marone at (28) 353-5522 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

INHS17(11/02)

FILLED

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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,

| Thomas J. Mayone, hereby resigns as (Name of Registered Agent) | |
|---|--|
| Registered Agent for Citizens Against Police Corruption, Coalition For Civil Rights, LLC (Name of Limited Liability Company) | |
| <u>LO 20000 2957</u> (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. | |
| If signing on behalf of an entity: (Signature of Resigning Agent) (Signature of Resigning Agent) (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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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