## L02000031850

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALL RISK Holding, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: 102 0000 31850
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:
Sara More (Name of Person)
(Name of Firm/Company)
P.O. Box 85066 (Address)
Hallandale Fl 33008 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at ( ) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## 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,	
Rubinton & Laufer, UC, hereby resigns as	
(Name of Registered Agent)  Registered Agent for ALL RISK Holding; LUC	<del></del> .
(Name of Limited Liability Company)	
<u>L0200031850</u> (Document Number, if known)	
A copy of this resignation was mailed to the above listed limited liability company at its last known addresses	ess.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement of Resigning Agent.	ent is filed.
If signing on behalf of an entity:  Alcia Laufer  (Typed or Printed Name)	
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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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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