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From: Carrie Ramos, Paralegal, please fax confirmation to 407 244-5690 Account Name : GRAYROBINSON, F.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC REGISTERED AGENT RESIGNATION HUCKLEBERRY, SIBLEY & HARVEY INSURANCE OF TAMPA, LLC

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J. SAULSBERRY **EXAMINER** 

AUG 3 1 2012

## 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, MICHAEL E. NEUKAMM, hereby resigns as Registered Agent for HUCKLEBERRY, SIBLEY & HARVEY INSURANCE OF TAMPA, LLC, document number L03000018856.

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 31<sup>st</sup> day after the date on which this statement is filed.

Signature of Resigning Agent

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If signing on behal	f of an entity:	SECRE	2012 AUG	way.
	Typed or Printed Name	TARY ( ASSEE	<b>30</b>	**************************************
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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withdrawn limited liability company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