L03000051408

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(Address)				
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B. BOSTICK

OCT 2 3 2012

EXAMINER

COVER LETTER

CLID IECT.	REM, L.L	C		
SUBJECT:	Name of Limited Lia	bility Company	 	
DOCUMENT NUMBER:	L030	00051408	<u> </u>	
The enclosed Resignation of Refor filing.	gistered Agent for a Li	mited Liability Com	pany and fee are s	submitted
Please return all correspondence	e concerning this matter	to the following:		
Harvey R	ollings			
Name of I	Person			
Warchol, Merchant				
Name of Firm	/Company			
1633 SE 47t				
Cape Coral,	FL 33904		TALLA	12 001 22
Rollings@wmrl E-mail address: (to be used for	•	ion)	NSSEE	1/12
For further information concern	•		FLOW B	PH 12: 58
Harvey Rollings		9) 542-	0700	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

10.00

TO:

Amendment Section Division of Corporations

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 undersign	ned,		
		, hereby resigns a	, hereby resigns as		
Nan	ne of Registered Agent				
Registered Agent for	RE	EM, L.L.C.			
	Name of Limited Liability Con	npany			,
L0300005	1408				
Document Number	; if known				
A copy of this resignation w	as mailed to the above listed lim	ited liability company at its las	st known ad	dress.	
The agency is terminated and	d the office discontinued on the	31st day after the date on whic	h this staten	nent is	filed.
6	Signature of Res	signing Agent			
If signing on behalf of an en	tity:				
			T _S	27	
	Typed or Printed Na	ime		12 OCT 22	T
	Capacity		ASS	22	AMENTS FIFTHER
				PM	or production of the second
				PH 12: 51	W. a.J.
	FILING FEES:		57	8	
	\$ 85.00 Active limite \$ 25.00 Administrati withdrawn I	ed liability company vely dissolved/ voluntarily di imited liability company	ssolved/		

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

INHS17 (08/05)

Rose Cirrincione REM, L.L.C. 5797 Harbour Circle Cape Coral, FL 33914