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RAPesigo Neuro 10-28-09

## **COVER LETTER**

SUBJECT:	see list attached		
	Name of Limited Liability Company		
DOCUMENT NUMBER:	see list attached		
The enclosed Resignation of Reg for filing.	gistered Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence	concerning this matter to the following:		
Gary Walker	, Equire		
Name of Po	erson		
Allen Dell			
Name of Firm/	Company		
202 S. Rome Aver			
Tampa, FL City/State and	33606 Zip Code		
n/a E-mail address: (to be used for fu	ture annual report notification)		
For further information concerni	ng this matter, please call:		
Gary Walker, Esquir Name of Person	e at (813) 223-5351  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provision	ons of section 508.415(2) or t	508.509, Florida Stai	iutes, the undersi	gnea,	
	Gary Walker		_, hereby resign	圣 星	- FIR "
Registered Agent for	Name of Registered Agent  Olympus	Invest	ment	OCT 26	FE
	Name of Limited Lia	ability Company	<u> </u>	ma T	)
L04 0000	39403			ORIE TO SERVICE TO SER	9
	umber, if known			7	
A copy of this resignati	on was mailed to the above !	listed limited liability	company at its	last known add	ress.
The agency is terminate	ed and the office discontinued	_	er the date on wh	ich this statem	ent is filed.
		Walk- ture of Resigning Agent			
If signing on behalf of a	in entity:				
		n/a			
	Typed or	Printed Name			
		n/a			
	Cap	acity			

FILING FEES: \$ 85.00 Active \$ 25.00 Admit Active limited liability company
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withdrawn limited liability company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