

L040000046591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

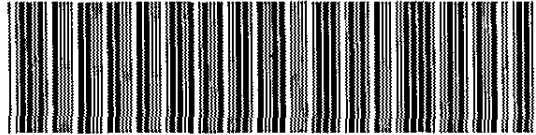
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500079253785

Resignation

09/11/06--01005--015 **85.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 SEP 11 PM 4:32

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ack
9/12/06

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CELL FOR LESS LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

2.00

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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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,


ASHESH ALVARES, hereby resigns as
(Name of Registered Agent)Registered Agent for CELL FOR LESS LLC

(Name of Limited Liability Company)

L04000046591
(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

ASHESH ALVARES
(Typed or Printed Name)REGISTERED AGENT
(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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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