# L0400068360

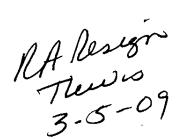
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#### **COVER LETTER**

Division of Corporations
SUBJECT: Law & Associates, LLC (Name of Limited Liability Company)  DOCUMENT NUMBER: L04000068360
DOCUMENT NUMBER.
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:
Howard P. Ross (Name of Person)
Resident Agent Corporation of Pinellas County (Name of Firm/Company)
980 Tyrone Blvd.
(Address)
St. Petersburg, FL 33710 (City/State and Zip Code)

Howard P. Ross at (727) 381-2300 (Area Code & Daytime Telephone Number)

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section

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

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February 26, 2009

Division of Corporations Post Office Box 6250 Tallahassee, Florida 32314

Re:

Law & Associates, LLC Doc # L04000068360 Our File No.: 08-0080

Dear Sir/Madam:

Enclosed please find the following:

- Cover Letter and Resignation as Registered Agent.
- Check #64371 in the amount of \$85.00

If there are any questions or concerns, please feel free to contact me.

Very Truly Yours,

BATTAGLIA, ROSS, DICUS & WEIN, P.A.

Lauren Davis

Assistant to Howard P. Ross, Esq.

Enclosure(s)

080080/478761

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY OSTAN Z M S.Z.

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

### Resident Agent Corporation of Pinellas County, hereby resigns as

Registered Agent for Law & Associates, LLC

(Name of Limited Liability Company)

#### L04000068360

(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.

If signing on behalf of an entity:

Howard P. Ross

(Typed or Printed Name)

Director/VP/S/T

(Capacity)

**FILING FEES:** 

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