L04000073762

C

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	→ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

' Office Use Only

cm



700088884177

02/26/07--01009---013 **25.00

02/27/07--01019--007 **25.00

03/09/07--01003--006 **35.00

>

O7 MAR -1 AN 9: 1
SECRETARY OF STATE
ALL AHASSEE ELOPINA

Resi

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

February 21, 2007

To Whom It May Concern,

I resigned as broker for Icon Commercial Interests, LLC back in December. I have sent several requests to the owner requesting I be removed as registered agent or any affiliation with this company. The owner of the company, Harry DeAntonio, has refused to respond to any of my requests. The company has been doing business as a commercial real estate corporation without an active broker since my resignation. I am sending a check for \$25 along with my resignation letter. Hopefully, this will officially remove me from any affiliation with this company.

Thank You,

Marion D'Ambrosio

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Icon Commercial Interests, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: LO4000073762
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:
Marion D'Ambrosio
(Name of Person)
(Name of Firm/Company)
1561 Lyndale Blvd
(Address)
Maitland, FL 32751
(City/State and Zip Code)
For further information concerning this matter, please call:
Marion D'Ambrosio at (407) 247-4588 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO: Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Statutes, the und	ersigned,
Marion D'Ambrosio , hereby re		ions as
	(Name of Registered Agent)	6.4
Registered Agent for	Icon Commercial Interests, LLC	
	(Name of Limited Liability Company)	
LO4000073762		
(Document Nu	imber, if known)	
A copy of this resigna	tion was mailed to the above listed limited liability company at	its last known address.
The agency is termina	ted and the office discontinued on the 31st day after the date on	which this statement is filed
	(Signature of Resigning Agent)	·
lf signing on behalf of	an entity:	O7 M SECRÉ
	(Typed or Printed Name)	ARY O
	(Capacity)	ME 9.

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