

L04000084478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

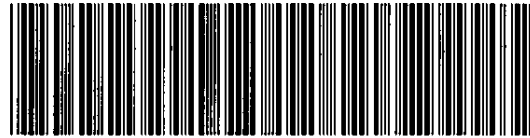
Special Instructions to Filing Officer:

L. SELLERS

OCT 21 2010

EXAMINER

Office Use Only



500186739345

10/19/10--01020--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 19 AM 10:30

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ILS DEVELOPMENT GROUP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000084478

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:

Robert Elias
Name of Person

The Elias Law Firm, PLLC
Name of Firm/Company

15500 New Barn Road, Suite 104
Address

Miami Lakes, FL 33014
City/State and Zip Code

relias@eliaslaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Elias at (305) 823-2300
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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 undersigned,

Baxter & Elias LLP, hereby resigns as
Name of Registered Agent

Registered Agent for ILS DEVELOPMENT GROUP, LLC
Name of Limited Liability Company

104000084478
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:

BAXTER & ELIAS, LLP
Typed or Printed Name
PARTNER
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

FILED
10 OCT 19 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA