## L05000079527

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: For Your Information Consulting (CC (Name of Limited Liability Company)	
DOCUMENT NUMBER: LOSOOO 79527	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	submitted
Please return all correspondence concerning this matter to the following:	
(Name of Person)	DIVISION D
(Name of Firm/Company)	5 min W
1306 THONOTOSASSA ROAD (Address)	ORPORPHIONS AM 11: 42
PLANT CITY FL 33563 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(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 activation of the following state of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for an activation of the florida Department of State for \$85.00 for a state florida Department of State for \$85.00 for a state florida Department of State flori	ve limited

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 409 E. Gaines Street Tallahassee, FL 32399

## 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, Cynthia M. Petitjean, hereby resigns as Registered Agent for For Your Information Consulting LLC, Document # L05000079527.

A copy f 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 31<sup>st</sup> day after the date on which this statement is filed.

Cynthia M. Petitjean

DIVISION OF CORPORATIONS
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