- A.

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L05000084138

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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1. Mary 05--01030--012 **85.00



RA Res.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Lenco Rough Diam	ionas	; LLC
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(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000084138

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:

Terry J. Forman

(Name of Person)

(Name of Firm/Company)

1521 SW Lejeune Road

(Address)

Coral Gables, FL 33134 (City/State and Zip Code)

For further information concerning this matter, please call:

 Terry J. Forman
 at (305)
 443-7318

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17(11/02)

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,

Terrv	J.	Forman	

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(Name of Registered Agent)

Registered Agent for _Lenco Rough Diamonds, LLC

(Name of Limited Liability Company)

L05000084138

(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.

ignature of Resigning Agent) If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)



FEES:

- .00
- Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company 25.00

, hereby resigns as

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314