05000094172

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Citatus
Special Instructions to Filing Officer:

Office Use Only



800211094938

.09/06/11--01044--011 **25.00

FILED

11 SEP -2 PH 3: 43

SEGRETARY OF STATES

ALLAHASSEE, FLORIDA

J. BRYAN

SEP - 6 2011

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: TERRAVEST A	ASSET MANAGEMENT GF ame of Limited Liability Company	ROUP, LLC
DOCUMENT NUMBER:	L05000094172	
The enclosed Resignation of Register for filing.	red Agent for a Limited Liability (Company and fee are submitted
Please return all correspondence con-	cerning this matter to the followin	ıg:
Jillian Marschl Name of Person	<u>:e</u>	
Business Filings Inco		
Name of Firm/Com	pany	. هينيو ۽ 🕠 کيتور
8040 Excelsior Drive, Address	Suite 200	SEP -2 ECRETAR) LLAHASSI
Madison, WI 53 City/State and Zip C		ED PH 3: 47
agent@bizfilings E-mail address: (to be used for future a	-	
Jillian Marschke	·	981-7183

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

7

TO:

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

Area Code & Daytime Telephone Number

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, l	Florida Statutes, the unc	lersigned,	
BUSINES	FILINGS INCORPORATED	, hereby re	signs as	
	Name of Registered Agent			
Registered Agent for	TERRAVEST ASSET	MANAGEMENT GF	ROUP, LLC	
	Name of Limited Liability Com	pany		,
	094172	·		
Document Nu	nber, if known			
A copy of this resignation	n was mailed to the above listed limi	ted liability company a	its last known address.	
	and the office discontinued on the 3 Signature of Res	selle	1 which this statement is	filed.
If signing on behalf of a	entity:		34.0	
	Jillian Marsch Typed or Printed Na		II SE SECRE	المرقدم
	Asst. Secretary of Busine	ss Filings Inc.	P -2 TARY ASSE	F
	Cupatity		PH 3: 47 OF STATE E. FLORID,	ED
·	FILING FEES: \$ 85.00 Active limite \$ 25.00 Administrative withdrawn limite	d liability company vely dissolved/ volunta mited liability compan	rily dissolved/	

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

ì