

L05000102608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 FEB -5 AM 11:20  
STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 8 - 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TADEO INVESTMENT LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000102608

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:

ISABEL MARTINEZ  
Name of Person

CHARM CONSULTING,LLC  
Name of Firm/Company

1825 MAIN ST  
Address

WESTON, FLORIDA 33326  
City/State and Zip Code

IMARTINEZ@CHARMREALTY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL MARTINEZ at ( 954 ) 384-4106  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ISABEL MARTINEZ/CHARM CONSULTING

Name of Registered Agent

Registered Agent for

TADEO INVESTMENT LLC

Name of Limited Liability Company

L05000102608

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:

CHARM CONSULTING,LLC

Typed or Printed Name

MANAGER

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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**

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA