

L06000012048

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.
Account Number : I20040000173
Phone : (407) 298-4646
Fax Number : (407) 297-0588

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

COMPLETE REALTY SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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RA Resign

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Realty Solutions, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L06000012048

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:

James K. Duerr, CPA
(Name of Person)

Small Business Resources USA, Inc.
(Name of Firm/Company)

1601 Park Center Drive, Ste. 6A
(Address)

Orlando, FL 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

James K. Duerr, CPA at (407) 298-4646
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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FAX AUDIT # 09000103322 3

**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,

Small Business Resources USA, Inc., hereby resigns as

(Name of Registered Agent)

Registered Agent for **Complete Realty Solutions, LLC**

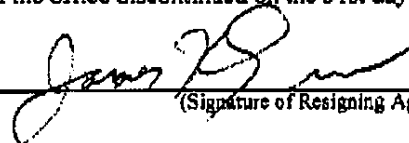
(Name of Limited Liability Company)

L06000012048

(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:

James K. Duerr, CPA

(Typed or Printed Name)

President

(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

INHS17 (08/05)

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