

L06000018729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

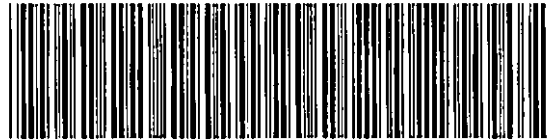
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY  
NOV 21 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORBITIX LENDING LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L06000018729

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:

SYLVIA M SLEMER  
Name of Person

ORBITIX LENDING LLC  
Name of Firm/Company

2637 E ATLANTIC BLVD, RT 2A1716  
Address

POMPANO BEACH, FL, 33062  
City/State and Zip Code

SYLVIA.SLEMER@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SYLVIA M SLEMER at 954, 242.3543  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

SYLVIA M SLEMER

Name of Registered Agent

Registered Agent for

ORBITIX LENDING LLC

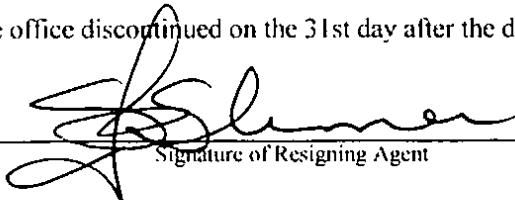
Name of Limited Liability Company

206 0000 18729

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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2017

SYLVIA M SLEMER  
2637 E ATLANTIC BLVD.  
APT. 41716  
POMPANO BEACH, FL 33062

SUBJECT: ORBITIX LENDING LLC  
Ref. Number: L06000018729

We have received your document for ORBITIX LENDING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 517A00019592

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