From:

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 rnone : (800)221-2972 Fax Number : (888)602-0000

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT RESIGNATION CONTEMPORARY MOVING SYSTEMS, LLC

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C. CARROTHERS

From:

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CONTEMPORARY MOVING SYS	STEMS, LLC	
Name of Limited	Liability Company	
DOCUMENT NUMBER: L06000025251		
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted	
Please return all correspondence concerning this m	atter to the following:	
Carol Panchana		
Name of Person		
BlumbergExcelsior Corporate Services Inc.		
Name of Firm/Company		
16 Court St 14th FL		
Address		
Brooklyn, NY 11241		
City/State and Zip Code		
E-mail address: (to be used for future annual report not	fication)	
For further information concerning this matter, ple	ase call:	
Name of Person at (at (rea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Cornerations	Division of Cornerations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisit	ons of section 605.0115, Florida Statutes, the undersigned,	
BLUMBERGEXCE	ELSIOR CORPORATE SERVICES INC. hereby to	resigns as
	Name of Registered Agent	B
Registered Agent for _	CONTEMPORARY MOVING SYSTEMS, LLC	,
· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L06000025251		·
Document N	umber, if known	
-	ed and the office discontinued on the 31st day after the date	on which this statement is filed.
If signing on behalf of	an entity: Jose Mojica	一
	Typed or Printed Name	
	Assistant Secretary	
	Capacity	- (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

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