

L06000033311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

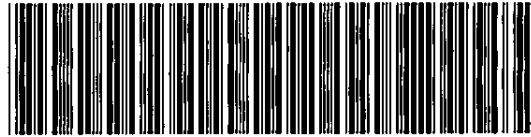
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500216549395

RECEIVED
DEPARTMENT OF STATE
12 FEB 23 PM 4:13
FBI
12 FEB 23 AM 10:34
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 24 2012

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 02/23/12

NAME: VICKERS CONSULTING GROUP, LLC

TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST: 25.00

RETURN:

FILED
12 FEB 23 AM 10:31
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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,

FLORIDA FILING & SEARCH SERVICES, INC., hereby resigns as

Name of Registered Agent

Registered Agent for VICKERS CONSULTING GROUP, LLC

Name of Limited Liability Company

L06000033311

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.

Abbie P. Hodge
Signature of Resigning Agent

If signing on behalf of an entity:

ABBIE P. HODGE

Typed or Printed Name

VICE PRESIDENT

Capacity

FILED
12 FEB 23 AM 10:34
TALLAHASSEE, FLORIDA
STATE

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withdrawn limited liability company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