

L06000051051



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Metro Services Enterprises, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000051051

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:**

Eduardo Lievano  
Name of Person

Name of Firm/Company

138 Palm Coast Parkway, NE, Suite 234  
Address

**Palm Coast, FL 32137-8241**  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Eduardo Lievano at ( 386 ) 569-8275  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**LAW OFFICES OF  
STEPHEN P. SAPIENZA**

Telephone: (386) 437-1814

Fax: (386) 437-1815

**Mailing address:**

Post Office Box 635  
Bunnell, FL 32110

**Located at:**

300 N. State Street  
Bunnell, FL 32110

October 20, 2010

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

Attention: Amendment Section

Re: Resignation of Registered Agent for a Limited Liability Company  
LLC: Metro Services Enterprises, LLC


Dear Sirs:

Enclosed please find a completed Resignation of Registered Agent for a Limited Liability Company for the above-referenced LLC.

Also enclosed is our check in the sum of \$85.00 which represents the filing fee for the enclosed document.

If anything further is needed, please advise.

Very truly yours,



STEPHEN P. SAPIENZA

SPS/kh

Enclosure

## 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,

Eduardo Lievano

Name of Registered Agent

, hereby resigns as

Registered Agent for Metro Services Enterprises, LLC

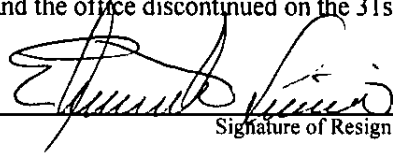
Name of Limited Liability Company

L06000051051

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA