L060000087548

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| - |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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07/24/07--01016--009 **85.00_

resignation of

2007 JUL 23 AM II: 34 SECRETARY OF STATE

ADR-7/24/07

7-20.04 Dear Mes Jonesey Les ous conversation on 7-20 07 enclosed Mon will find a chech in Thomas of Cight (85.00) Frie Dollars. Please take my name of hof those downers as soon as possible, I don't know how my name yot there Deigin with Shunking you in advance for Market Cometto

ASP

COVER LETTER

SUBJECT: National Afficial Limited Liability Company)

DOCUMENT NUMBER: L-0600087548

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:

Anthony G. Rosse J. (Name of Person)

National Afficial Ranges Brg. (Name of Firm/Company)

10264 Allagro Privita (Address)

Brown Balon Lagrido 33428

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (SGI) 106-6499 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section

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

RESIGNATION OF REGISTERED AGENT FOR ALLIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, |
|---|
| ANTHON BROSSETTION, hereby resigns as |
| (Name of Registered Agent) |
| Registered Agent for National ATHLETIC TRAINERS DEGanization |
| LLC. |
| (Name of Limited Liability Company) |
| |
| (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. |
| Justisma Houselle |
| Signarure of Resigning Agent) |
| If signing on behalf of an entity: |
| ANTHONY G. KOSSETTI |
| Myped or Printed Name) |

FILING FEES: \$ 85.00 Active Active limited liability company Administratively dissolved/voluntarily dissolved/ \$ 25.00

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