

L060000087548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

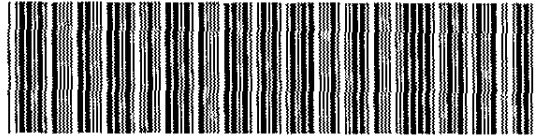
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

*Resignation of
RA*

FILED

2007 JUL 23 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AOR
7/24/07*

7-20-04

Dear Mrs Remy

Per our conversation on 7-20-04 enclosed
you will find a check in the amount of
Eighty (\$85.00) Five Dollars.

Please take my name off of these
documents as soon as possible, I don't
know how my name got there to begin
with.

Thanking you in advance for
your anticipated co-operation

Anthony D. Corsetto
7/20/04

ASR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL ATHLETIC TRAINERS ORG
(Name of Limited Liability Company)

DOCUMENT NUMBER: L-06000087548

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. ROSSETTI
(Name of Person)

NATIONAL ATHLETIC TRAINERS ORG.
(Name of Firm/Company)

10264 ALLEGRO DRIVE
(Address)

BOCA RATON FLORIDA 33428
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY G. ROSSETTI at (561) 706-6499
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2007 JUL 20 AM 11:36
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

INHS17 (08/05)