

L06000 111716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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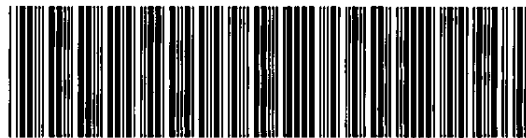
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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5/20/09  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Trans America Financial Group, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000111716

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:

Brett Norvig  
Name of Person

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Name of Firm/Company

12084 Lake Cypress Circle, J306  
Address

Orlando, FL 32828  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brett Norvig at ( 352 ) 871-1740  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

## 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,

Brett M. Norvig, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for Trans America Financial Group, LLC

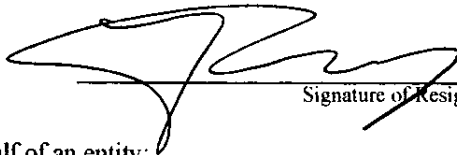
Name of Limited Liability Company

L06000111716

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### **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