

L06000113228

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : SMALL BUSINESS RESOURCES USA, INC.  
Account Number : I20040000173  
Phone : (407) 298-4646  
Fax Number : (407) 297-0588

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AGAPE SHALOM, LLC

|                       |  |         |
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| Certificate of Status |  | 1       |
| Certified Copy        |  | 0       |
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Agape Shalom, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James K. Duerr, CPA

(Contact Person)

Small Business Resources USA, Inc.

(Firm/Company)

1601 Park Center Dr., Ste. 6A

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

James K. Duerr, CPA

(Name of Contact Person)

at ( 407 ) 298-4646

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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FAX AUDIT #

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Agape Shalom, LLC
2. This limited liability company was organized under the laws of:  
Florida
3. The Florida document/registration number of this limited liability company is:  
L06000113228
4. I, Maria E. Morrone, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X Maria Morrone

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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