

L07000048549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

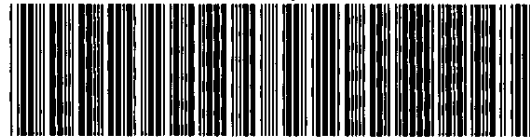
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JUN 23 2010

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FILED
10 JUN 21 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comprehensive PC Services LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000048549

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:

Andras Serfozo
Name of Person

Name of Firm/Company

2441 Parson Ln
Address

Sarasota, FL 34239
City/State and Zip Code

pcservices@netcpc.us

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

For further information concerning this matter, please call:

Andras Serfozo
Name of Person

at (941) 462.2546
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Andras Serfozo, Jr.

Name of Registered Agent

, hereby resigns as

Registered Agent for Comprehensive PC Services LLC

Name of Limited Liability Company

L07000048549

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.

Andras Serfozo, Jr. 6-18-10
Signature of Resigning Agent

If signing on behalf of an entity:

Andras Serfozo, Jr.
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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