# 107000050142

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

Office Use Only

11128



300113804063

01/07/08--01025--004 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORID,

SECRETARY OF STATE

### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: NILberto Rodriguez LLC  (Name of Limited Liability Company)  DOCUMENT NUMBER: LO70000 501 42
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:
Enid Rodriguez
Nicherto Rodinguez UC (Name of Firm/Company)
2B51 NEW COMP CT. (Address)
OPL, FLA 32026 (City/State and Zip Code)
For further information concerning this matter, please call:
Enich Rodriguez at (321) 239-9517.  (Name of Person) at (321) 239-9517.  (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,  En 1 C Registered Agent), hereby resigns as	
Registered Agent for  NILberto Rodriguez LLC,  (Name of Limited Liability Company)	
<u>L07000050142</u> (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 file (Signature of Resigning Agent)	d.
If signing on behalf of an entity:  NLberto Rodriguez UC  (Typed or Printed Name)  Manager  (Capacity)  FILING FEES:	
FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	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