# L07000012030

(Requestor's Name)					
,					
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(Business Entity Name)					
(Document Number)					
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N. Caller UEC 1 - 2009,

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	Name of Lin	nited Liability Co	ompany			
DOCUMENT NUMBER		L07000072030				
The enclosed Resignation for filing.	of Registered Agent	for a Limited L	iability Company and	fee are submitted		
Please return all correspor	dence concerning thi	s matter to the	following:			
	an Alvarez ne of Person					
Name o	f Firm/Company					
	st Pointe Drive Address					
	ota, FL 34233 te and Zip Code					
E-mail address: (to be use						
Brian Alva Name of Pe		( <u>813</u> ) Area Code &	545-6686 Daytime Telephone Nur	mber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	on 608.416(2) or 608.509,	Florida Statutes, the undersigne	:d,
Brian H	I. Alvarez	, hereby resigns as	<b>\</b>
Name of Re			
Registered Agent for	Genco Interna	ational Holdings, LLC	
1	Name of Limited Liability Con	npany	,
L07000072030			
Document Number, if know	wn		
A copy of this resignation was mai	iled to the above listed lim	ited liability company at its last	known address.
The agency is terminated and the o	office discontinued on the	31st day after the date on which	this statement is iled.
	Signature of Res	signing Agent	9 NOV 30 EURETANY LLAHASSET
If signing on behalf of an entity!			AM 10: 53 OF STATE E. FLORID
	Typed or Printed Na	ame	): 53 TATE ORIDA
	Capacity		

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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