

L 07000611079

(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



900181595839

06/04/10--01014--016 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -4 AM 11:30

T. HAMPTON
JUN -7 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OSCEOLA PARALEGAL SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 07 000 111 079

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:

Willow L. Brodo
Name of Person

Name of Firm/Company

5396 ROCKING HORSE PLACE
Address

QUIRDO, FLORIDA 32765
City/State and Zip Code

WILLOW_PARALEGAL@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willow L Brodo at (407) 414-5548
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

WILLOW L. BRODO, hereby resigns as
Name of Registered Agent

Registered Agent for OSCEOLA PARALEGAL SERVICES, LLC
Name of Limited Liability Company

L07000111079
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.

Willow L Brodo
Signature of Resigning Agent

If signing on behalf of an entity:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -4 AM 11:38