

L07000112843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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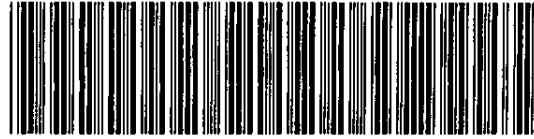
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 07 2012
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Resource Group of Florida, USA I, LLC
Name of Limited Liability Company

DOCUMENT NUMBER:

607000112843

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:

ANA I. Aviles

Name of Person

ANA Ironne Aviles, CPA, LLC

Name of Firm/Company

4767 New Broad St.

Address

ORLANDO, FL 32814

City/State and Zip Code

ironne@giacpa.com

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

For further information concerning this matter, please call:

ANA I. Aviles

Name of Person

at 407-228-7333 x23

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

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,

ANA Ivonne Aviles CPA, hereby resigns as
Name of Registered Agent
Registered Agent for Responde Group of Florida, LLC
Name of Limited Liability Company

L 07000112843
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.

J. J. [Signature], CPA, LLC
Signature of Resigning Agent

If signing on behalf of an entity:

ANA I. Aviles
Typed or Printed Name
Owner of CPA Firm
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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