

LO7000119465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

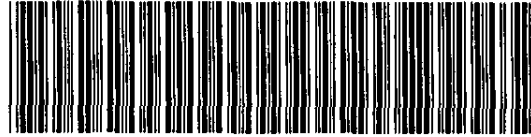
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUL 23 2013

D. BRUCE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Expert Referral Connection LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000119465

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:

Janet C Bellamy

Name of Person

Expert Referral Connection LLC

Name of Firm/Company

4110 S. Florida Ave. Ste 110

Address

Lakeland, FL 33813

City/State and Zip Code

janbellamy@aol.com

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

For further information concerning this matter, please call:

Janet Bellamy

Name of Person

at ( 863 ) 802-5262

Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

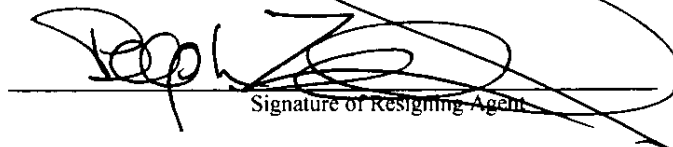
Phillip L. Zedonek, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_  
Expert Referral Connection LLC  
Name of Limited Liability Company

L07000119465  
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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Phillip L. Zedonek  
Typed or Printed Name  
Registered Agent/Manager  
Capacity

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TALLAHASSEE, FLORIDA

### 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