

L08000006145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

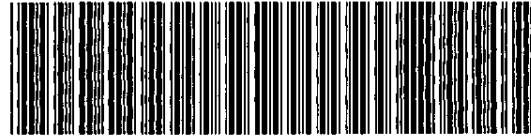
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. HARVEY

DEC 27 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Needleman Spilfogel & Associates, P.L.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000006145

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:

Stephen L. Needleman  
Name of Person

Stephen L. Needleman, P.A.  
Name of Firm/Company

7050 West Palmetto Pk Rd., Suite 15-625  
Address

Boca Raton, FL 33433  
City/State and Zip Code

stephen@nsacpa.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Needleman at ( 561 ) 218-5657  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
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,

STEPHEN L. NEEDLEMAN, C.P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for NEEDLEMAN, SPILFOGEL & ASSOCIATES, P.L.

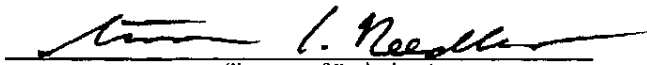
Name of Limited Liability Company

L08000006145

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:

Stephen L. Needleman

Typed or Printed Name

C.P.A.

Capacity

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10 DEC 26 AM 11:56  
SECRETARY OF STATE  
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