DPOODOURS

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. PICK-UP WAIT MAIL
(Business Entity Name)
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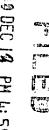
EXAMINER



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COVER LETTER

	E OF AMERICA LLC d Liability Company
Name of Limite	Liability Company
DOCUMENT NUMBER: L	08000006153
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	natter to the following:
Mary Jo Spalinger	
Name of Person	
Business Filings Incorporated Name of Firm/Company	
Name of 1 min company	
8040 Excelsior Drive #200 Address	
Madison, WI 53717 City/State and Zip Code	
n/a E-mail address: (to be used for future annual report not further information concerning this matter, ple	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

same

Name of Person

TO:

Amendment Section Division of Corporations

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

827-5300 ext 254

Area Code & Daytime Telephone Number

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416	(2) or 608.509, Florida	Statutes, the undersigned	ed,		
	ess Filings Incor		, hereby resigns as	s		
Registered Agent for		···· NSUMER CARE C	F AMERICA LLC			
						_
	Name of Lin	nited Liability Company				
L08000	006153					
	mber, if known					
A copy of this resignation	n was mailed to the a	above listed limited liab	pility company at its last	t known ac	ddress.	-
The agency is terminated	and the office disco	ntinued on the 31st day	after the date on which	ı this state	ment i	is filed.
	40	0 - 0	<u> </u>			
	17 lary	Signature of Resigning A	genji			
If signing on behalf of an						
	M	ary Jo Spalinger				
		yped or Printed Name				
	As	sistant Secretary				
		Capacity				
	<u>FILING</u> \$ 85.00	Active limited liabil	ity company			
	\$ 25.00	Administratively dis withdrawn limited l	ssolved/voluntarily dis liability company	solved.	1ê DEC	ur.
	Malia ahastis ma1	ala ta Flouida Danastera	nt of State and mail to		4	of the same
	маке спеско рауал	ole to Florida Departme Division of Corporation P.O. Box 6327		War-FLORI	PM 4:	
		Tallahassee, FL 3231	4	ORI	ري ٿ	U