

L08000020961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

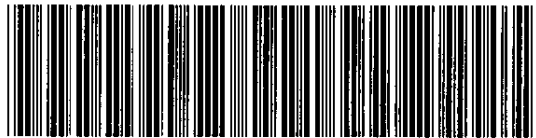
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tlewio
6-29-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AUDIBLE DIVERSION GROUP LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO8000020961

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:

JOEL VILARDI
Name of Person

AUDIBLE DIVERSION GROUP LLC
Name of Firm/Company

202 N. ROMA AVE
Address

TAMPA, FL 33606
City/State and Zip Code

✉ TIM@AUDIBLEDIVERSIONGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM McTAGUE at (352) 428-7641
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JOEL VILARDI, hereby resigns as
Name of Registered Agent

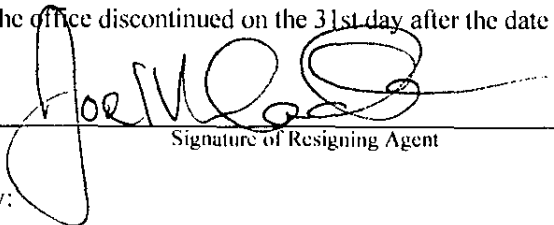
Registered Agent for AUDIBLE DIVERSION GROUP LLC

Name of Limited Liability Company

L08000020961
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:

JOEL VILARDI
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

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE