

L080000040637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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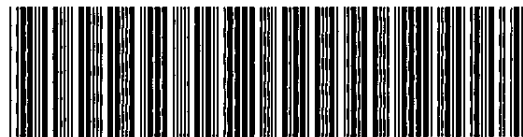
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. BRYAN

MAY - 9 2012

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ROSSETTI BIKE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000040637

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:

Jillian Marschke  
Name of Person

BUSINESS FILINGS INCORPORATED  
Name of Firm/Company

8040 Excelsior Drive Suite 200  
Address

Madison, WI 53717  
City/State and Zip Code

agent@bizfilings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jillian Marschke at ( 800 ) 981-7183  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FILED**  
2012 MAY -7 PM 3:30  
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,

BUSINESS FILINGS INCORPORATED

Name of Registered Agent

Registered Agent for ROSSETTI BIKE, LLC

Name of Limited Liability Company

L08000040637

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:

Jillian Marschke

Typed or Printed Name

Assistant Secretary of Business Filings Incorporated

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

FILED  
2012 MAY -7 PM 3:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE