

LO8 000042111

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
DEC 15 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMR EXPORT, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000042111

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:

OBED LENDIAN
Name of Person

Name of Firm/Company

18934 SW 35 ST
Address

MIRAMAR, FL 33029
City/State and Zip Code

CREDITSOLUTION@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OBED LENDIAN at (786) 343-1500
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2010 DEC 14 PM 4:51
SECRETARY OF STATE
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,

OBED LENDIAN

Name of Registered Agent

, hereby resigns as

Registered Agent for EMR EXPORT, LLC

Name of Limited Liability Company

L08000042111

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:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA