

W08000055179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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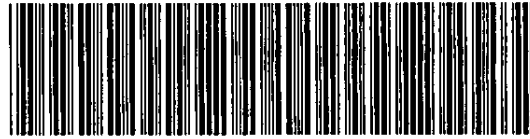
(Business Entity Name)

(Document Number)

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TALLAHASSEE FL 32304

APR 30 2013

T. CLINE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alfa J. Services Termite Pest Control, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000055179

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:

Maria Marquina

Name of Person

Alfa J. Services Termite Pest Control, LLC

Name of Firm/Company

8574 Dynasty Drive

Address

Boca Raton, FL 33433

City/State and Zip Code

alfapestcontrol@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Marquina

Name of Person

at (561) 488-1759

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Maria Marquina

, hereby resigns as

Name of Registered Agent

Registered Agent for **Alfa J. Services Termite Pest Control, LLC**

Name of Limited Liability Company

L08000055179

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

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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