# 

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to ming Officer.			
L. SELLERS			

Office Use Only

OCT 2 6 2011

**EXAMINER** 



400213032804

10/24/11--01033--006 \*\*85.00

SECRETARY OF STATE

TED

### COVER LETTER

7400 Investments, LLC SUBJECT: Name of Limited Liability Company <u> L08000070068</u> **DOCUMENT NUMBER:** 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: Lloyd H. Falk, Esquire Name of Person Lloyd H Falk, PA. Name of Firm/Company 600 SW 4th Ave Address Fort Lauderdale, FL. 33315 City/State and Zip Code LFalkLaw@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Lloyd H Falk

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

954 ) 763-3231 Area Code & Daytime Telephone Number

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 608.416(2) or 608.509	), Florida Statutes, the undersigned,		
Lloyd H Falk		, hereby resigns as		
	gistered Agent	, nerooy resigns as		
Registered Agent for	7400 1	7400 Investments, LLC		
!				
<u> </u>	lame of Limited Liability Co	ompany		
L08000070068				
Document Number, if know	vn			
A copy of this resignation was mail	ed to the above listed lin	mited liability company at its last known address.		
The agency is terminated and the of	fice discontinued on the	e 31st day after the date on which this statement is filed.		
	Klad J-	esigning Agent		
If signing on behalf of an entity:				
· ———	Typed or Printed 1	Name		
<del></del>	Capacity	·		

**FILING FEES:** \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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