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December 16, 2008

Mitchell Blum 174 Esperanza Way Palm Beach Gardens, FL 33418

SUBJECT: DIVORCE MEDIATION SETTLEMENT LLC

Ref. Number: L08000080520

We have received your document for DIVORCE MEDIATION SETTLEMENT LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The filing fee for the registered agent resignation is \$85.00 since the limited liability company is active.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 008A00060509

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(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (561) 60162 44

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

174 Esperanza Way Palm Bch Gdns, FL 33418

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

## FILED

## RESIGNATION OF REGISTERED AGENT FOR PROPERTY 53 LIABILITY COMPANY SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
Mitchell Blum A, hereby resigns as
(Name of Registered Agent)
Registered Agent for DIVORCE McdiA Trun ScITleyacr 11C
(Name of Limited Liability Company)
L08000080520
(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)

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314