

**L08000080859**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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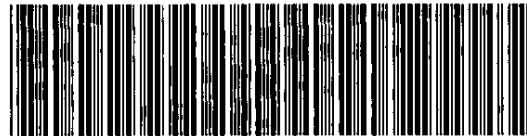
(Business Entity Name)

(Document Number)

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10 JUL 19 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Resign*  
**C.COULLIETTE**

JUL 21 2010

**EXAMINER**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pendulum Financial Group LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000080859

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:

Nicholas Sadaka  
Name of Person

Nicholas G. Sadaka, P.A.  
Name of Firm/Company

8551 W. Sunrise Blvd., Suite 102  
Address

Plantation, FL 33322  
City/State and Zip Code

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

For further information concerning this matter, please call:

Nicholas Sadaka at ( 954 ) 577-8544  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

Nicholas Sadaka

Name of Registered Agent

, hereby resigns as

Registered Agent for

Pendulum Financial Group LLC

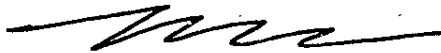
Name of Limited Liability Company

L08000080859

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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TALLAHASSEE, FLORIDA