L08000083737

# Florida Department of State
## Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : AIA REGISTERED AGENT INC.
Account Number : 120000000032
Phone : (866)703-8828
Fax Number : (561)202-8007

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TALLAHASSEE, FLORIDA

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## REGISTERED AGENT RESIGNATION
## CONTINENTAL FINANCIAL SOLUTIONS LLC

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# 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,

A1A REGISTERED AGENT INC., hereby resigns as
Name of Registered Agent

Registered Agent for CONTINENTAL FINANCIAL SOLUTIONS LLC
Name of Limited Liability Company

L08000083731
Document Number, if known

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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.

Tina Maki
Signature of Resigning Agent

If signing on behalf of an entity:

TINA MAKI
Typed or Printed Name

PRESIDENT
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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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**

IN1IS17 (08/05)

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