

L08000084000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

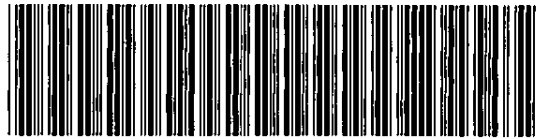
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700142004747

01/27/09--01041--003 **25.00

01/26/09--01013--004 **85.00

FILED
2009 FEB 12 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign.

TB

2-16-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assured Capital Consultants, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L08000084000

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:

Jenifer Hoffman

(Name of Person)

Assured Capital Consultants LLC

(Name of Firm/Company)

13148 Summerlake Way

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Jenifer Hoffman

(Name of Person)

at (407) 877-3436

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2009

JENIFER HOFFMAN
ASSURED CAPITAL CONSULTANTS, LLC
13148 SUMMERLAKE WAY
CLERMONT, FL 34711

SUBJECT: ASSURED CAPITAL CONSULTANTS, LLC
Ref. Number: L08000084000

We have received your document for ASSURED CAPITAL CONSULTANTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$60.00.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 509A00003967

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FEB 12 AM 9:00

RECEIVED

**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,

Jenifer Hoffman

(Name of Registered Agent)

Registered Agent for **Assured Capital Consultants LLC**

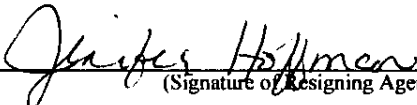
(Name of Limited Liability Company)

L08000084000

(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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA