

L080000085903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

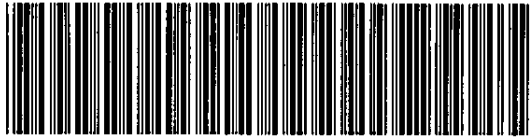
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/14--01033--023 **25.00

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
14 JUL 21 AM 9 36

Ralkes
@ 7.24.14

COVER LETTER

TO: Registration Section
Division of Corporations



SUBJECT: Expense Reduction Advisors, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L08000085903

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:

Robert L Anthes

Name of Person

Expense Reduction Advisors, LLC

Name of Firm/Company

11911 US Highway One Ste 201-20

Address

North Palm Beach FL 33408

City/State and Zip Code

banthes@expensereductionadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert L Anthes

at (561) 779-3177

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2014

ROBERT L. ANTHES
EXPENSE REDUCTIN ADVISORS LLC
11911 US HIGHWAY ONE - STE. 201-20
NORTH PALM BEACH, FL 33408

SUBJECT: EXPENSE REDUCTION ADVISORS LLC
Ref. Number: L08000085903

We have received your document for EXPENSE REDUCTION ADVISORS 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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 514A00014802

14 JUL 21 PM 3:02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael Souchak

, hereby resigns as

Name of Registered Agent

Registered Agent for **Expense Reduction Advisors, LLC**

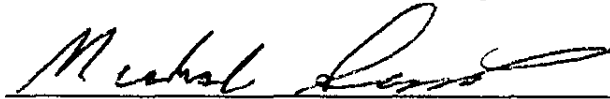
Name of Limited Liability Company

L08000085903

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 21 AM 9:36

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**