L08000086844

(Requestor's Name)		
(Address)		
(Address)	<u>_</u>	
(City/State/Zip/Phone #)		
. PICK-UP WAIT MA	IL	
(Business Entity Name)		
•		
(Document Number)		
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A Resign Tlewis 11-20-08

COVER LETTER

SUBJECT: Foreclosure Defense Coalition L.L.C.		
(Name of Limited Liability Company)		
DOCUMENT NUMBER: L08000086844		
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:		
Cathy Geliatly		
(Name of Person)		
Foreclosure Defense Coalition L.L.C.		
(Name of Firm/Company)		
1200 S. Rogers Circle Suite 3		
(Address)		
West Palm Beach, Florida 33487		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Cathy Gellatly at (954) 816-9148 (Name of Person) (Area Code & Daytime Telephone Number)		
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

RESIGNATION OF REGISTERED LIABILITY CO	
Pursuant to the provisions of section 608.416(2) or 608.509, Flor	ida Statutes, the undersigned,
Nancy Mansour (Name of Registered Agent)	, hereby resigns as
Registered Agent for Foreclosure Defense Coaliti	on L.L.C.
(Name of Limited Liability Compar	у)
L08000086844	
(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.
Many Many Signature of Resigning	Month of the Agent)
If signing on behalf of an entity:	
(Typed or Printed Name)	;

FILING FEES:

\$ 85.00 \$ 25.00 Active limited liability company

(Capacity)

Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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