

L08000102271

(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



100162608781

11/09/09--01019--019 \*\*85.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 NOV -9 P 4: 03

FILED

RA Resign  
Ther  
11-16-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JAMIESON, LIEBMAN AND LEMASTERS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000102271

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:

DAVID L. WRUBEL, CPA  
Name of Person

DAVID L. WRUBEL, CPA, PA  
Name of Firm/Company

560 LINCOLN ROAD, #304  
Address

MIAMI BEACH, FL 33139  
City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID L. WRUBEL, CPA at ( 305 ) 672-4272  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

HOWARD LIEBMAN

Name of Registered Agent

, hereby resigns as

Registered Agent for JAMIESON, LIEBMAN AND LEMASTERS, LL

Name of Limited Liability Company

L08000102271

Document Number, if known

**FILED**  
2009 NOV - 9 P 4: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

(X) Howard Liebman

Signature of Resigning Agent

**SIGN HERE**

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