

L08000103550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

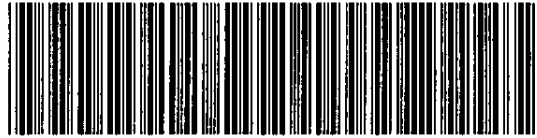
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TALLAHASSEE, FLORIDA

N. O. O'Neil

NOV 24 2009

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lincoln Financial Services, LLC.  
Name of Limited Liability Company

DOCUMENT NUMBER: LO8000103550

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:

Frank Smith  
Name of Person

Infante, Zumpano, Hudson + Miloch, LLC  
Name of Firm/Company

500 S. Dixie Highway, Suite 302  
Address

Coral Gables, FL 33146  
City/State and Zip Code

giselle.ortizdelamo@rzhmlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Smith at ( 305 ) 503-2990  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Rita M. Gomez

Name of Registered Agent

, hereby resigns as

Registered Agent for Lincoln Financial Services, LLC.

Name of Limited Liability Company

LOB 000 103550

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.

Rita Gomez

Signature of Resigning Agent

If signing on behalf of an entity:

Rita Gomez

Typed or Printed Name

Registered Agent.

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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