

L08000111065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

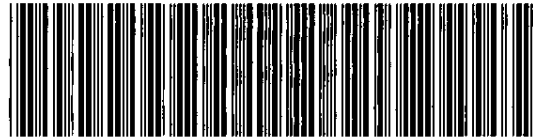
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OCT 19 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 20 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Simple Money Solutions, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000111065

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 Bean  
Name of Person

Simple Money Solutions, LLC  
Name of Firm/Company

13512 Rlggs Way  
Address

Windermere, FL 34786  
City/State and Zip Code

Jbean636@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Bean at ( 407 ) 697-8756  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FILED**  
OCT 19 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

David Bean

, hereby resigns as

Name of Registered Agent

Registered Agent for Simple Money Solutions, LLC

Name of Limited Liability Company

L08000111065

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:

Simple Money Solutions, LLC

Typed or Printed Name

President

Capacity

**FILED**  
OCT 19 PM 1:18  
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