

L09000005706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

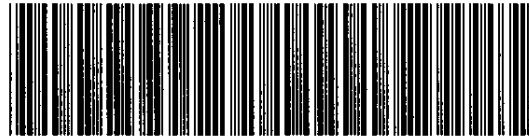
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600187336956

11/09/10--01016--016 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV -9 P 12:33

FILED

RA Resign
Theunis
11-15-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Speculate to Accumulate, LLC
(Name of Corporation)

DOCUMENT NUMBER: L09000005706
Limited Liability Company

The enclosed Resignation of Registered Agent for a ~~Corporation~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip Hawth
(Name of Person)

(Name of Firm/Company)

10530 Arrowtree Blvd
(Address)

Clearmont FL 34715
(City/State and Zip Code)

For further information concerning this matter, please call:

Philip Hawth at (352) 348-3808
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

Pursuant to the provisions of sections ^{608.416 or 608.509} ~~607.0502(2), 617.0502(2), 607.1509, or 617.1509,~~
Florida Statutes, the undersigned, Philip J Horvath

(Name of Registered Agent)

hereby resigns as Registered Agent for Speculate to Accumulate LLC
(Name of Corporation) ~~Limited Liability Company~~

109 00000 570 6

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Philip J Horvath
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
2010 NOV -9 P 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

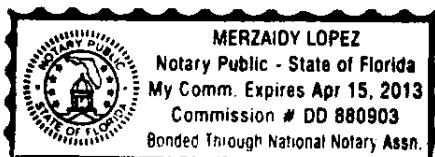
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314



State of Florida

County of Lake

The foregoing instrument was acknowledged before me this
3 day of November, 20 10 by Philip Horvath
who has produced F.I.D.B. driver license as identification.

Merzaidy Lopez
Notary Public