209000010111

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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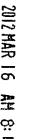
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SECRETARY OF STATE



J. SAULSBERRY EXAMINER

MAR 19 2012

COVER LETTER

SUBJECT: Swisscorp USA LLC Name of Limited Liability Company	<u> </u>
DOCUMENT NUMBER: L09000010111	
The enclosed Resignation of Registered Agent for a Limited Liability for filing.	Company and fee are submitted
Please return all correspondence concerning this matter to the following	ng:
David M. Rogero	
Name of Person	
David M. Rogero, P.A.	2012 MAR 16 SECRETARY TALLAHASSI
Name of Firm/Company	ARE: AR
2625 Ponce de Leon Boulevard, Suite 280 Address	
Coral Gables, FL 33134 City/State and Zip Code	AH 8: 42 OF STATE E, ELORIDA
N/A Company has been dissolved E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
To further information concerning this matter, piease can.	
David M. Rogero at (305) Name of Person Area Code & Daytim	441-0200 c Telephone Number
Enclosed is a check made payable to the Florida Department of State liability company or \$25.00 for an administratively dissolved, volunta limited liability company.	for \$85.00 for an active limited arily dissolved or withdrawn

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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	on 608.416(2) or 608.50	9, Florida Statutes, the u	indersigned,	
David N	И. Rogero	, hereby	resions as	
	gistered Agent	, noteby	resigns us	
Registered Agent for	Swis	sscorp USA LLC		_
1	Name of Limited Liability C	Company		_,
L09000010111				
Document Number, if know	wn			
A copy of this resignation was mail The agency is terminated and the o				
 ,	Naw JM Signature of J	Kysigning Agent	-	
If signing on behalf of an entity:			ZUIZ MAR 16 SECRETARY ALLAHASSEI	
	Typed or Printed	Name	AR 16 AM	2
	Capacity		AM & 42 IF STATE: FLORIDE	i

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