

LD9000025003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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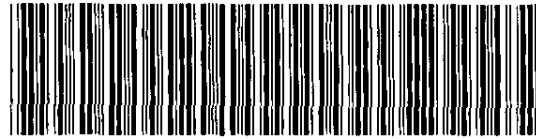
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAR 27 2013

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corgoro, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000025003

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:

Cheryl Mingo-Ajala  
Name of Person

Brown and Heller, P.A.  
Name of Firm/Company

2 So. Biscayne Blvd, Suite 1570  
Address

Miami, Florida 33131  
City/State and Zip Code

cmingo@bhlawpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Mingo-Ajala at ( 305 ) 358-3580  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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# 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,

Lawrence Heller

, hereby resigns as

Name of Registered Agent

Registered Agent for Corgoro, LLC

Name of Limited Liability Company

L09000025003

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:

Lawrence Heller

Typed or Printed Name

Registered Agent

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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TALLAHASSEE  
FLORIDA

2019 MAR 26 AM 11:09

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Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314