

109000033277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

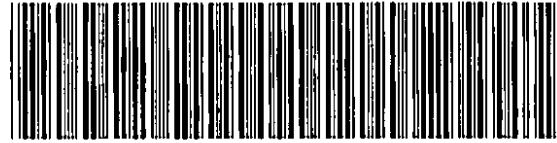
(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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NOV 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legal Debt Solutions, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L09000033277

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:

Harvey Vengroff
Name of Person

Vengroff Investments, LP
Name of Firm/Company

8440 North Tamiami Trail
Address

Sarasota, FL 34243
City/State and Zip Code

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

For further information concerning this matter, please call:

Harvey Vengroff at (941) 5864946
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Harvey Vengroff _____, hereby resigns as
Name of Registered Agent

Registered Agent for Legal Debt Solutions, LLC.

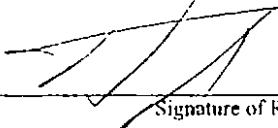
Name of Limited Liability Company

L09000033277

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:

Typed or Printed Name

Capacity

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**

2011 NOV 14 4 14 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED