

109000033277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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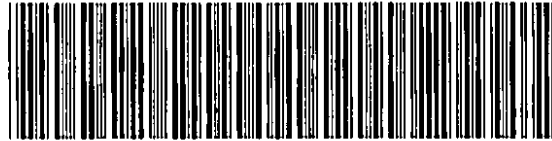
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Legal Debt Solutions, LLC.

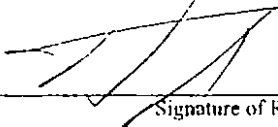
\_\_\_\_\_  
Name of Limited Liability Company

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

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