

L090000037349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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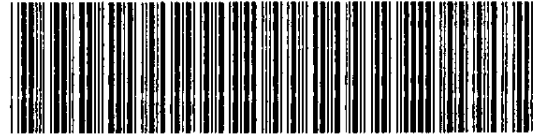
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

RA Resign
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5-2-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IRE ENTERPRISE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000037349

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:

MARIBEL CABRE
Name of Person

IRE ENTERPRISE LLC
Name of Firm/Company

3440 N GOLDENROAD RD # 325
Address

WINTER PARK FL 32792
City/State and Zip Code

maricar1968@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIBEL CABRE at (321) 303-9932
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

CARLOS BARBARO DIAZ

Name of Registered Agent

Registered Agent for IRE ENTERPRISE LLC


Name of Limited Liability Company

L09000037349

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:

CARLOS BARBARO DIAZ

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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SECRETARY OF STATE
TALLAHASSEE FLORIDA