# 1090000 49269

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#### **COVER LETTER**

SUBJECT:	Intertext, LLC If Limited Liability Company
Name o	f Limited Liability Company
DOCUMENT NUMBER:	L09000049269
The enclosed Resignation of Registered Agfor filing.	gent for a Limited Liability Company and fee are submitted
Please return all correspondence concernin	ng this matter to the following:
Byron G Ellison	
Name of Person	
Name of Firm/Company	
2962 NW 60th St	
Address	
Ft Lauderdale, FL 33309 City/State and Zip Code	9
City/State and Zip Code	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this ma	atter, please call:
Byron Ellison Name of Person	at ( <u>954</u> ) <u>582-5256</u> Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Fl liability company or \$25.00 for an administ limited liability company.	lorida Department of State for \$85.00 for an active limited tratively dissolved, voluntarily dissolved or withdrawn

### **MAILING ADDRESS:**

Amendment Section Division of Corporations

TO:

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 608.416(2) or 608.509, Florida Statutes, the undersigned,		
Byron G. Elli	on , hereby resigns as	
Name of Registered	, without the management of the second secon	
Registered Agent for	Intertext, LLC	
Name of	Limited Liability Company	
L09000049269		
Document Number, if known	<del></del>	
A copy of this resignation was mailed to t	e above listed limited liability company at its last known address.	
The agency is terminated and the office di	continued 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 Activ \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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

