

#L09000063627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

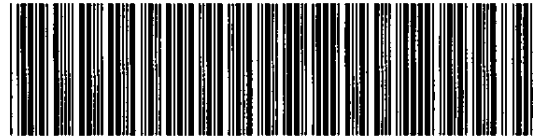
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC 20 2012

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mediterranean Securities Group, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000063627

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:

**Dennis Rosa**

Name of Person

**Mediterranean Securities Group, LLC**

Name of Firm/Company

**301 Yamato Road Suite 4160**

Address

**Boca Raton Florida 33467**

City/State and Zip Code

**Drosa@msgsecurities.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Dennis Rosa**

Name of Person

at ( <sup>561 869 4041</sup> )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

**Andrew Garbarini**

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

Registered Agent for **Mediterranean Securities Group, LLC**

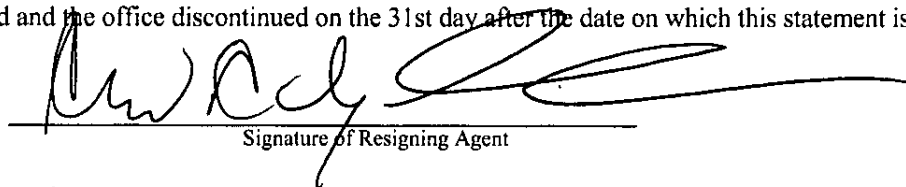
\_\_\_\_\_  
Name of Limited Liability Company

**L09000063627**

\_\_\_\_\_  
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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