

LO9000063744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

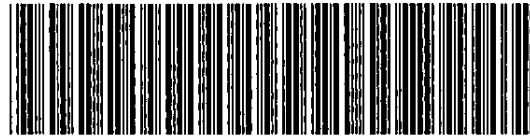
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DEC 20 2012

L. SELLERS

Office Use Only



400242227764

12/19/12--01006--002 **85.00

FILED
12 DEC 14 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mediterranean Securities Holdings, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L09000063744

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 Holdings, 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 (^{561 869 4041})

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

, hereby resigns as

Name of Registered Agent

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

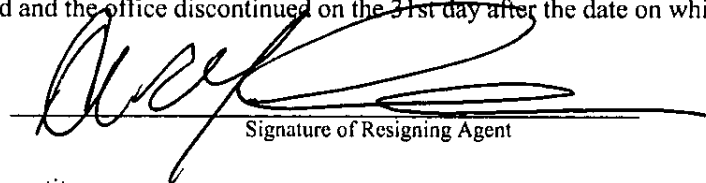
Name of Limited Liability Company

L09000063744

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

FILED
12 DEC 14 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA