

LO9000064534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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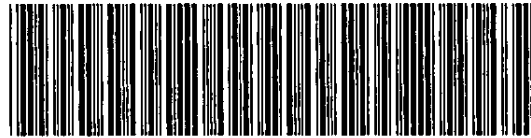
(Business Entity Name)

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TULALASSEE FLORENCE

JAN 29 2012

D. BRUCE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Martello Law Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000064534

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:

Sarah Martello
Name of Person

Martello Law Group, LLC
Name of Firm/Company

11 NW 33rd Ct.
Address

Gainesville, FL 32607
City/State and Zip Code

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

For further information concerning this matter, please call:

Sarah Martello at (352) 224-2102
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2018 JAN 28 PM 1:56
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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,

Misty Priest, hereby resigns as
Name of Registered Agent

Registered Agent for Martello Law Group, LLC
11 NW 33rd Ct., Gainesville, FL 32607
Name of Limited Liability Company

L09000064534
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.

Misty Priest
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
2018 JAN 28 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FL