

L090000066058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

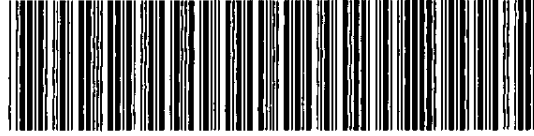
(Business Entity Name)

(Document Number)

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11 MAY 25 AM 9:30

FLA. SEC.
SECRETARY OF STATE
DIVISION OF CORPORATE &
FINANCIAL SERVICES

Rp/Res
@ 5/21/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERNATIONAL
SAL INTERNATIONAL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000066058

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:

LAURA LINDGREN
Name of Person

INTERNATIONAL
SAL INTERNATIONAL, LLC
Name of Firm/Company

5603 SW 10 AVENUE
Address

CAPE CORAL, FLORIDA 33914
City/State and Zip Code

WWW.MEDICALSOLUTIONS@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA LINDGREN at (239) 699-6091
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

MICHELLE M SIKORA

, hereby resigns as

Name of Registered Agent

Registered Agent for

INTERNATIONAL
SAL INTERNATIONAL, LLC.

5603 SW 10TH AVENUE CAPE CORAL, FLORIDA 33914

Name of Limited Liability Company

L09000066058

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 25 AM 9:30

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

INHS17 (08/05)