

LD90000 79866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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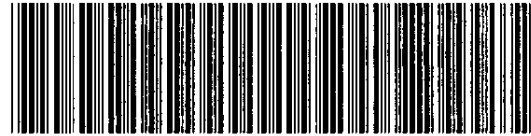
(Business Entity Name)

(Document Number)

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11 APR 20 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 21 2011  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** International Currency Solutions & Exchange, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000079866

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:

Lisa Capote  
Name of Person

L. Capote, PA  
Name of Firm/Company

80 SW 8 Street, Suite 2310  
Address

Miami, Florida 33130  
City/State and Zip Code

lcapote@capote-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Capote at ( 786 ) 871-5680  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

L. Capote, PA, hereby resigns as  
Name of Registered Agent

Registered Agent for International Currency Solutions & Exchange, LLC

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

L09000079866  
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:

Lisa Capote  
Typed or Printed Name

President  
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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11 APR 20 PM 12:20  
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TALLAHASSEE, FLORIDA