

LD9000090882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

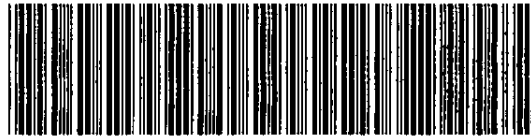
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Trevi
4-20-10

COVER LETTER

TO: Amendment Section
Division of Corporations

4/14/10

SUBJECT: CMA Advisory Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000090882

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:

David A. Russo
Name of Person

CMA Advisory Group, LLC
Name of Firm/Company

6220 S. Orange Blossom Trail, Ste 143
Address

Orlando, FL 32809
City/State and Zip Code

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

For further information concerning this matter, please call:

David A. Russo at (407) 854-0040
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CoreGroup Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for CMA Advisory Group, LLC

Name of Limited Liability Company

L09000090882

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:

Karl C. Ashley April 14, 2010

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

FILED
2010 APR 15 12:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE