

LO9000104223

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(City/State/Zip/Phone #)

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12 JAN 11 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN 12 2012  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COLUMBIA CONSULTING AND RESEARCH LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000104223

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:

CARMEN M. PETERS  
Name of Person

FERNANDEZ-BERGUES & ASSOCIATES, P.A.  
Name of Firm/Company

7400 WEST FLAGLER STREET  
Address

MIAMI, FL 33144  
City/State and Zip Code

CPETERS@AFFBCPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN M. PETERS at ( 305 ) 648-7100  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
12 JAN 11 PM 12:58  
CLERK OF STATE  
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,

FERNANDEZ-BERGUES & ASSOCIATES, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for COLUMBIA CONSULTING AND RESEARCH LLC

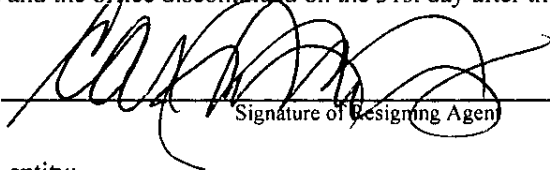
\_\_\_\_\_  
Name of Limited Liability Company

L09000104223

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

FILED  
12 JAN 11 PM 12:58  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314