

LI 000001849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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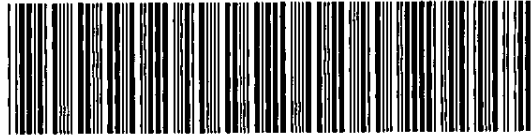
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN - 5 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOCIAL SINGLES NETWORK, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L10000001849

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:

ROBIN MOLT
(Name of Person)

CORPORATION SERVICE COMPANY
(Name of Firm/Company)

80 STATE STREET 10TH FL
(Address)

ALBANY NY 12207
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN MOLT at (518) 433-7018
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

CORPORATION SERVICE COMPANY

(Name of Registered Agent)

, hereby resigns as

Registered Agent for SOCIAL SINGLES NETWORK, LLC

(Name of Limited Liability Company)

L10000001849

(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.

Robin Molt

(Signature of Resigning Agent)

If signing on behalf of an entity:

ROBIN MOLT

(Typed or Printed Name)

ASST SECRETARY

(Capacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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