

# L 100000010334

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

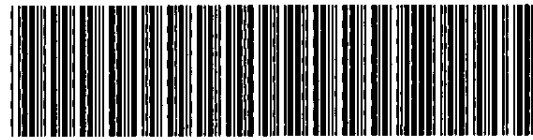
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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13 FEB 18 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 19 2013

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MILLENIA ALLIANCE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000010334

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:

**KRISTINA KATT**

Name of Person

**TIGRAN LLC**

Name of Firm/Company

**P.O. BOX 320576**

Address

**COCOA BEACH, FL 32932**

City/State and Zip Code

**KRISTINA.KATT@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**KRISTINA KATT**

Name of Person

at ( **513** ) **225-8813**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,  
**TIGRAN LLC**

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **MILLENIA ALLIANCE LLC**

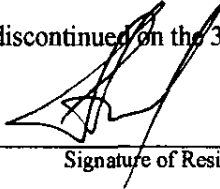
\_\_\_\_\_  
Name of Limited Liability Company

**L10000010334**

\_\_\_\_\_  
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:

**KRISTINA KATT**

\_\_\_\_\_  
Typed or Printed Name

**OFFICER**

\_\_\_\_\_  
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  
13 FEB 18 PM 12:30  
STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA