# L10000020972

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B. KOHR
APR 2 8 2012
EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: TWO RIVERS NATIONA Name of I	L BROKERAGE AN	ID TITLE AGEN	
DOCUMENT NUMBER:	L10000020972		7
The enclosed Resignation of Registered Age for filing.	nt for a Limited Liability	Company and fee are submitted	(1) (1)
Please return all correspondence concerning	this matter to the following	ig: 2 <sup>2</sup>	5
SUBJECT: TWO RIVERS NATIONA  Name of I  DOCUMENT NUMBER:  The enclosed Resignation of Registered Age for filing.  Please return all correspondence concerning  Andrew Lundgren  Name of Person		F.	جر
National Corporate Research, I			~
615 DuPont Higway Address			
Dover, DE 19901 City/State and Zip Code		•	
E-mail address: (to be used for future annual rep	ort natification		
For further information concerning this matte	,		
Andrew Lundgren Name of Person	at ( <u>800</u> ) 4 Area Code & Daytime	183-1140 Telephone Number	
Englaced is a shoot made marchle to the Flori	do Donostmont of State Co	- 495 00 for an entire limited	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,				
Nation	nal Corporate Research, Ltd, h	the undersigned,		
	Name of Registered Agent			
Registered Agent for _	TWO RIVERS NATIONAL BROKERAGE A	ND TITLE AGENCY, LLC		
	Name of Limited Liability Company			
L1000	00020972			
Document N	lumber, if known			
A copy of this resignati	ion was mailed to the above listed limited liability con	npany at its last known address.		
The agency is terminate	ed and the office discontinued on the 31st day after the	e date on which this statement is filed.		
	Signature of Resigning Agent			
If signing on behalf of a	V			
	Andrew Lundgren			
	Typed or Printed Name	<del> </del>		
	Vice President, NCR, Ltd			
	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

INHS17 (08/05)