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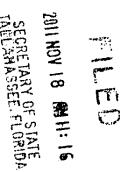
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**EXAMINER** 

## **COVER LETTER**

SUBJECT:	Concierge Senior Ser	vices, LLC	
	Name of Limited Liabilit	y Company	
DOCUMENT NUMBER:_	L10000	040438	<del></del>
The enclosed Resignation of for filing.	Registered Agent for a Limite	ed Liability Company and	fee are submitted
Please return all corresponde	nce concerning this matter to	the following:	
Barbara Name	Coenson of Person	_	
Name of F	irm/Company	_	. ~2
1301 S. Internationa	l Parkway, Suite 1041 dress	_	2011 NOV 18 RECORETARY
Lake Mary, City/State	Florida 32746 and Zip Code	_	NOV 18 RUIS IN
	or future annual report notification)		ORIDA ORIDA
For further information conc	erning this matter, please call:		
Barbara Coens Name of Perso		) 322-8000 le & Daytime Telephone Nun	nber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Amendment Section

Division of Corporations

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 sect	ion 608.416(2) or 608.509	, Florida Statutes, the under	signed,		
Barbara Coenson here			y resigns as		
	Registered Agent	,,, 105.,	,		
Registered Agent for	Concierge :	Senior Services, LLC			
	Name of Limited Liability Co	mpany			
L1000004043	8				
Document Number, if ki			Sug !	3	
A copy of this resignation was m	ailed to the above listed lin	nited liability company at its	s last known addres	= = 1	
The agency is terminated and the	office discontinued on the	31st day after the date on w	vhich this statement	t is filed. 🐃	
Ba	Uhana Oeus Signature of Ro	esigning Agent	RY OF STA	BE TO	
If signing on behalf of an entity:			<b>BA</b>	5	
	Typed or Printed N	lame			
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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