

L10000057499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

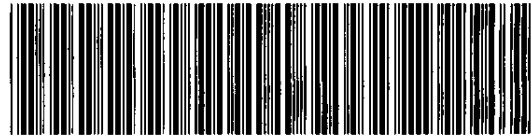
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature and date 12/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AFFILATE SUPPORT LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000057499

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:

MARIA SARA ABANTO ROJAS  
Name of Person

188 AFTON LANE  
Name of Firm/Company

ST. JOHNS  
Address

FLORIDA 32259, USA  
City/State and Zip Code

sara@affiliatesupportllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Sara Abanto Rojas at ( 613 ) 953 4019  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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

Affiliate Support LLC

Name of Limited Liability Company

L10000057499

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:

Maria Sara Abanto Rojas

Typed or Printed Name

Managing Member

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  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA