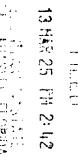
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K. SALY EXAMINER

MAR 2 7 2013

## **COVER LETTER**

SUBJECT: ALL HAZARDS CONSULTING, LLC  Name of Limited Liability Company			
DOCUMENT NUMBER: L10000058886			
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			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ROBIN MOLT at ( 518 ) 433-7018			
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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	s of section 608.416(2) or 608.509, Florida Stat	utes, the undersigned.	·
CORPORA	ATION SERVICE COMPANY	_ , hereby resigns as	<b>5</b>
	Name of Registered Agent	_, nervey resigns as	思言
Registered Agent for			
	ALL HAZARDS CONSULTING,	LLC	
	Name of Limited Liability Company		
L10000	058886		,
Document Nun	nber, if known		
0	awas mailed to the above listed limited liability and the office discontinued on the 31st day after CORPORATION SERVICE COMPANY		
-	Boom Mold-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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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