

L10000000670006

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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R.A. / Res  
(10) 3/14/15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AGYRO, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000067006

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:

NANDA VISSCHER

Name of Person

ALLURE ACCOUNTING INC.

Name of Firm/Company

3665 BONITA BEACH ROAD, SUITE 1-3

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

NVISSCHER@ALLURETAX.COM

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

For further information concerning this matter, please call:

NANDA VISSCHER

Name of Person

at ( 239 ) 9921669

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**ALLURE ACCOUNTING INC.**

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

, hereby resigns as

Registered Agent for **AGYRO, LLC**

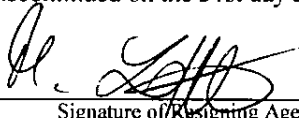
\_\_\_\_\_  
Name of Limited Liability Company

**L10000067006**

\_\_\_\_\_  
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:

**MARENA LOEFFLER**

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

**PRESIDENT**

\_\_\_\_\_  
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**

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