

L100000 82520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

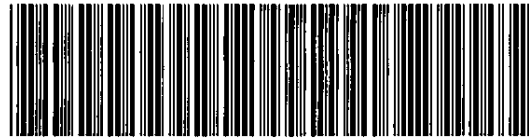
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

AUG - 1 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stropp Williams Financial Group, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000082520

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:**

## Sean Stropp

Name of Person

Name of Firm/Company

300 North Ocean Drive, PHC

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Address

Riviera Beach, FL 33404

City/State and Zip Code

**sstropp81@yahoo.com**

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

For further information concerning this matter, please call:

**Audra Vernon**

Name of Person

at ( 954 ) 452-1118

Area Code &amp; 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2011 JUL 29 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001

## 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,

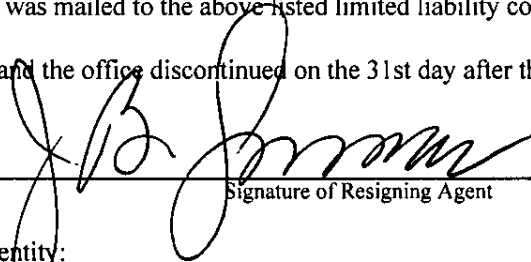
J.B. Grossman, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for Stropp Williams Financial Group, LLC  
515 Flagler Drive, Suite 305, West Palm Beach, FL 33401  
Name of Limited Liability Company

L10000082520  
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:

J.B. Grossman  
Typed or Printed Name  
Registered Agent  
Capacity

FILED  
2011 JUL 29 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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**