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| (Requ | uestor's Name) |
|----------------------------|------------------------|
| (Addr | ress) |
| (Addr | ress) |
| (City/ | /State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Busi | iness Entity Name) |
| (Doca | ument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Fi | iling Officer: |
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COVER LETTER

| TO: | Amendment Section |
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| | Division of Corporations |

| SUBJECT: For The Cause Investigative Services, LLC Name of Limited Liability Company |
|--|
| Name of Limited Liability Company DOCUMENT: NUMBER: L10000088744 |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing. |
| Please return all correspondence concerning this matter to the following: |
| Cheryl A. Gallagher Name of Person |
| For The Cause Investigative Services, LLC Name of Firm/Company |
| 2645 Belvoir Blvd |
| Sarasota, FL 34237 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| Cheryl A. Gallagher 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

| TON OF REGISTRY COMPANY |
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| RESIGNATION OF REGISTRY COMPANY |
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| the undersigned, Trail, |
| Florida Statutes, the data |
| 116(2) or 608.509, Florida |
| hereby have |
| to the provisions of se |
| Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, hereby resigns as Cheryl A. Gallagher Name of Registered Agent Name of Registered Agent No The Cause Investigative Services, LLC |
| Cheryl A. Game of Registered Age. |
| The Cause Investig |
| For the out |
| Registered Agent for Name of Limited Liability Company |
| Register - Name of Limited Liability |
| |
| L1000088744 Document Number, if known Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known address. A copy of this resignation was mailed to the above listed limited liability company at its last known address. |
| inclust known address. |
| 1000088744 Symmetris fi |
| L1000088744 Document Number, if known Lave listed limited liability company at its last known as which this statement is fi |
| L10000088744 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known A copy of this resignation was mailed to the above listed limited liability company at its last known The agency is terminated and the office discontinued on the 31st day after the date on which this statement is find the agency is terminated and the office discontinued on the 31st day after the date on which this statement is find the agency is terminated and the office discontinued on the 31st day after the date on which this statement is find the agency is terminated and the office discontinued on the 31st day after the date on which this statement is find the agency is terminated and the office discontinued on the 31st day after the date on which this statement is find the agency is terminated and the office discontinued on the 31st day after the date on which this statement is find the agency is terminated and the office discontinued on the 31st day after the date on which this statement is find the agency is terminated and the office discontinued on the 31st day after the date on which this statement is find the agency is the agency of the 31st day after the date on which the 31st day after the date on which the 31st day after the date on which the 31st day after the 31st d |
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| FILING FEES: limited liability contrarily dissolved voluntarily di |
| FILING FEES: \$ 85.00 \$ 25.00 \$ withdrawn limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |
| \$85.00 S 25.00 |
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| Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 P.O. Box 6327 |
| Florida Department Strong |
| checks payable to vision of Corporation |
| Make checks payar Division of Cut p.O. Box 6327 P.O. Box 6327 |

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

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