

**L10000099681**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

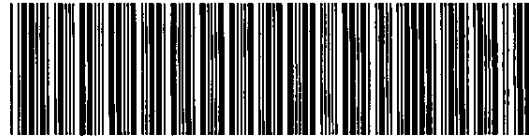
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**

**14 JAN 21 PM 12:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**JAN 28 2014**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ESQUIRE LITIGATION SUPPORT, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000099681

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:

**Robby H. Birnbaum**

Name of Person

**Greenspoon Marder PA.**

Name of Firm/Company

**100 West Cypress Creek Rd suite 700**

Address

**Fort lauderdale, FL 33309**

City/State and Zip Code

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

For further information concerning this matter, please call:

**yarly franco**

Name of Person

at ( **954** ) **491-1120**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**Robby H. Birnbaum**

Name of Registered Agent

, hereby resigns as

Registered Agent for **ESQUIRE LITIGATION SUPPORT, LLC**

Name of Limited Liability Company

**L10000099681**

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:

**Robby h. Birnbaum**

Typed or Printed Name

**Registered agent.**

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  
14 JAN 21 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA