

L10000102797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

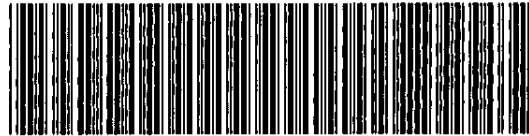
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A. LUNT

OCT 28 2011

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Best Case Management of South Florida, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000102797

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:

Otero Luisa F
Name of Person

Best Case Management of South Florida, LLC
Name of Firm/Company

3550 Biscayne Boulevard Suite #700
Address

Miami FL 33137
City/State and Zip Code

Louemusicluisa@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daleep Jonson at (305) 917-3040
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

200 OCT 27 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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,

Luisa E. Otero

Name of Registered Agent

, hereby resigns as

Registered Agent for Best case Management of south Florida, LLC.

Name of Limited Liability Company

L10000102797

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:

Typed or Printed Name

Capacity

2010 OCT 27 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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