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(Re	equestor's Name)	<u>.</u>			
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
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K.SALY EXAMINER OCT 21 2013



September 27, 2013

GREENSPOON MARDER PA ROBBY BIMBAUM 100 W CYPRESS CREEK RD, STE. 700 FORT LAUDERDALE, FL 33309

SUBJECT: AUGUST BELMONT AND COMPANY LLC

Ref. Number: L10000107649

We have received your document for AUGUST BELMONT AND COMPANY LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 613A00022759

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: August Belmont and Company LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L</u> 10000 107649
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 Birnbaum Name of Person
Greenspoon Marder P.A. Name of Firm/Company
100 W. 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:
Robby Birn haum at (954) 491-1120. 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

					領にって
Pursuant to the provisi	ons of section 608.416(2)	or 608.509, Florida 5	Statutes, the	undersigned,	100 P
Robby	Bienbaum Name of Registered Agent		. hereby	resigns as	Mag Z
•					ون کری
Registered Agent for _	August	Belmont	and	Company	1 CC
	Name of Limited	Liability Company			,
L1000010	7649	_			
Document ?	Number, if known				
A copy of this resignat	tion was mailed to the abo	ve listed limited liab	lity compan	y at its last known	address.
The agency is terminate	ted and the office disconti	nued on the 31st day	after the dat	e on which this sta	tement is filed.
	<u> 'MM</u>	gnature of Resigning Ag	ent		
If signing on behalf of	an entity:				
	Туре	d or Printed Name			
		Capacity		<u> </u>	

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