

LI0000119569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

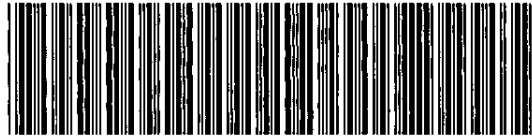
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200242226382

12/18/12--01005--015 \*\*85.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 18 AM 10:50

FILED

J. SAULSBERRY  
EXAMINER

DEC 20 2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEW BEGINNINGS ALLIANCE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000119569

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:

EUGENE DEBOLES  
Name of Person

P.O. BOX 770642  
Name of Firm/Company  
Address

ORLANDO, FL 32837  
City/State and Zip Code

ITT\_DEB@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EUGENE DEBOLES at (407) 694-6313  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 18 AM 10:50

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,

EUGENE DEBOLES

Name of Registered Agent

, hereby resigns as

Registered Agent for

NEW BEGINNINGS ALLIANCE, LLC

Name of Limited Liability Company

L10000119569

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.

Eugene DeBoles

Signature of Resigning Agent

If signing on behalf of an entity:

EUGENE DEBOLES

Typed or Printed Name

MGRM

Capacity

FILED  
2012 DEC 18 AM 10:50  
CLERK 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