L11000033486		
LIUUUUNHOU	111111110	
	LIUUU	7

ł

í

T

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



FILED 17 JUL 31 PH 12: 09 SECTION STATE

n SCOTT AUG 3 2017

COVER LETTER

TO: Registration Section Division of Corporations

Argos Advisors, LLC

. •

Name of Limited Liability Company

1

DOCUMENT NUMBER: L11000033486

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:

William West	1
Name of Person	
Argos Advisors, LLC	
Name of Firm/Company	
100 Sands Point Rd., #313	
Address	
Longboat Key, FL 34228	
City/State and Zip Code	
wm.kelucia@verizon.net	ion) call:
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please	call:
William West 941	565-6530
Name of Person Area	Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Depar liability company or \$25.00 for an administratively dis liability company.	tment of State for \$85.00 for an active limited solved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: ST	REET ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

· · ·

ł

ł

Pursuant to the provisions	s of section 605.011;	5, Florida Statutes	s, the undersigned,	
Robert P. Clarke			, hereby r	esigns as
}	Name of Registered Agen	it ,		
Registered Agent for	gos Advisors, LL	.C		
	Name of Lim	ited Liability Compa	ny	,
L11000033486				
Document Nun	ıber, if known			
A copy of this resignation	was mailed to the a	 bove listed limite: 	d liability company	at its last known address.
The agency is terminated	and the office disco			on which this statement is filed.
	1	Signature of Resign	Ting Agent	4
If signing on behalf of an	-	yped or Printed Name		FILE
	· · · · ·	Capacity		JUL 31 PH 12:09
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited Administrative withdrawn lim	liability company ly dissolved/ volunt ited liability compa	arily dissolved/ ny
	Make checks payah	ele to Florida Depa Division of Corp P.O. Box 63		mail to:
		Tallahassee, FL	32314	
N H H H H H H H H				

t

INH\$17 (2/14)