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AUG 1 4 2012

EXAMINER

LAW OFFICES OF

BOLTON & GROSS

801 NORTHEAST 167th STREET SECOND FLOOR NORTH MIAMI BEACH, FLORIDA 33162

Richard A. Bolton, P.A. Mitchell E. Gross, Esq.

Tel: 305-653-8223 Fax: 305-398-0111 E-Mail: RBolton2@Bellsouth.Net

Reyna Niad Einhorn, FRP Paralegal

August 9, 2012

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Florida Bar Compliant, LLC

Registration Number: L11000048149

Registration (variable). 131 100004014

Dear Sir or Madam:

Enclosed you will find the following:

- 1. Form Cover Letter
- 2. This Firm's Operating Account check number 48477 in the amount of \$85.00, as and for the filing fee for an active Limited Liability Company
- 3. Executed Form: Resignation of Registered Agent for a Limited Liability Company

Please process this Resignation accordingly. A postage-paid, self-addressed envelope is enclosed for your convenience in providing date stamped copies of the enclosures, copies of which have also been enclosed for your convenience.

Thank you very much.

Sincerely,

Reyna Niad Einhorn, FRP

Florida Registered Paralegal / Bolton and Gross, P.A.

RNE/ Enclosures

COVER LETTER

SUBJECT: FLORIDA BAR	COMPLIANT, LLC ted Liability Company
Name of Emil	ica Elaomity Company
DOCUMENT NUMBER:	L11000048149
The enclosed Resignation of Registered Agent for filing.	or a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the following:
Richard A. Bolton	
Name of Person	
Deltan and Orona D A	•
Bolton and Gross, P.A.	
Name of Firm/Company	
801 NE 167th Street, Second Floor	
Address	
North Miami Beach, FL 33162	
City/State and Zip Code	
rholton?@holloouth not	
rbolton2@bellsouth.net E-mail address: (to be used for future annual report r	otification)
For further information concerning this matter, p	lease call:
Richard A. Bolton at (305) 653-8223
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Amendment Section

Division of Corporations

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**

Pursuant to the provisions of sec	tion 608.416(2) or 608.50)9, Florida Statu	ates, the undersigned,	
Richa	, hereby resigns as			
Name of	., ,			
Registered Agent for	FLORIDA I	BAR COMPL	IANT, LLC	
	Name of Limited Liability	Company		•
L1100004814	9			
Document Number, if k	nown			
A copy of this resignation was m	nailed to the above listed I	imited liability	company at its last known address	s.
The agency is terminated and the	e office discontinued on the	ne 31st day after	r the date on which this statement	is filed.
	W	1 B-		
	Signature of	Resigning Agent		المسا
If signing on behalf of an entity:			A CONTRACTOR AND A CONT	FILE 12 AUG 13
	Richard A. I	3olton	الله للهية لا يوري الأمل لا يوري الأمل	FILED
	Typed or Printed	l Name	SEL	
	Registered	Agent		
	Capacity		CRO	PH 4: 10

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314