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(Requ	uestor's Name)						
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COVER LETTER

Division of Corporations	
SUBJECT: E)'S Rim REQUIR, LLC Name of Limited Liability Company	
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subm for filing.	itted
Please return all correspondence concerning this matter to the following:	
Elizabeth mckenny Name of Person	
Name of Firm/Company 5590 5w 7th Ct Address	J J J
margate fl 33008 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
EliZABETH MCKENTY at (501) 299-7538 Name of Person at (500) Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limitiability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn liability company.	ted limited

MAILING ADDRESS:

TO:

Amendment Section

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 provision	ons of section 6	08.416(2) or	r 608.509, Florida	Statutes, the ur	ndersigned,			
1438A5113	Name of Registe	end April	1	, hereby re	esigns as			
	C 1' c	O:	00000:0	11.0				
Registered Agent for _	<u>C72</u>	KIM	KEHAIK	UC		_	_	
	Nam	e of Limited L	iability Company					
	lumber, if known			***.	. % 1 1	2 (c.	201	
A copy of this resignat	ion was mailed	to the above	e listed limited liab	ility company	at its last kno	wn addre	SS4~>	·
The agency is terminat	ed and the offic	e discontinu	ed on the 31st day	after the date	on which this	stateme	nt is file	xd
	Eliza	Alth	MG/- nature of Resigning Ag	7	-		-32	
If signing on behalf of	an entity:	v				10000000000000000000000000000000000000	憂 37	
		Typed o	or Printed Name		-			
		Co	anacity		-			

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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