

LI 000075235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

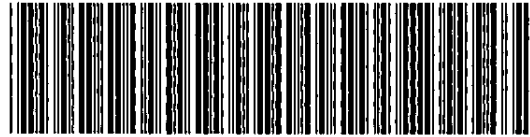
(Business Entity Name)

(Document Number)

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2012 OCT 22 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

OCT 23 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2012

CIRO CERRATO
8276 CALABRIA LAKES DR
BOYNTON BEACH, FL 33473

SUBJECT: CMB INSURANCE AGENCY, LLC
Ref. Number: L11000075235

We have received your document for CMB INSURANCE AGENCY, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fee is \$85.00 for a active company for a registered agent resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 912A00024893

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CMB Insurance Agency
Name of Limited Liability Company

DOCUMENT NUMBER: L11000075235

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:

Ciro Cerrato
Name of Person

CMB Insurance Agency
Name of Firm/Company

8276 Calabria Lakes Dr
Address

Boynton Beach, FL 33473
City/State and Zip Code

ciro.cerrato@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ciro Cerrato at (561) 735-1571
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Miles Bassin, hereby resigns as
Name of Registered Agent

Registered Agent for CMB Insurance Agency
Name of Limited Liability Company

L11000075235
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.

Miles Bassin
Signature of Resigning Agent

If signing on behalf of an entity:

Miles Bassin
Typed or Printed Name
Managing Member
Capacity

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28 OCT 22 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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