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## COVER LETTER ,

Registration Section Division of Corporations

TO:

SUBJECT:			
Name of Limited	Liability Company		
DOCUMENT NUMBER: L11000088336			
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted		
Please return all correspondence concerning this ma	tter to the following:		
Denise V. Powers, Esq.	ı		
Name of Person	<del></del>		
Denise V. Powers, P.A.			
Name of Firm/Company	<del></del>		
999 Ponce De Leon Blvd., Suite 1020			
Address	<del></del>		
Coral Gables, FL 33134			
City/State and Zip Code	<u></u>		
E-mail address: (to be used for future annual report notifi	cation)		
For further information concerning this matter, pleas	se call:		
Denise V. Powers	5 ,444-5100		
Name of Person Are	5 444-5100 ea Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida Der liability company or \$25.00 for an administratively cliability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
	Registration Section		
Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	115, Florida Statutes, th	the undersigned,	
Denise V. Powers		, hereby resigns as	
Name of Registered A	Agent	, nerecy realigns as	
Registered Agent for Sirius, LLC			
Name of I	Limited Liability Company		7
L11000088336			
Document Number, if known	<del></del>		
A copy of this resignation was mailed to th	ne above listed limited li	liability company at its last known addres	SS.
The agency is terminated and the office dis	Signature of Resigning	TALL	t is filed.
If signing on behalf of an entity:		ASSEE	8
	Typed or Printed Name	JF SIA	r I
<del></del>	Capacity		1

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\$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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