

L11000130941

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genesis Outsourcing Soutions, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000130941

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:

Leon E. Sharpe, Esq.

Name of Person

Leon E. Sharpe, P.A.

Name of Firm/Company

4770 Biscayne Boulevard, Suite 960

Address

Miami, Florida 33137

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon E. Sharpe

at (305) 573-3823

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Leon E. Sharpe, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for Genesis Outsourcing Solutions, LLC

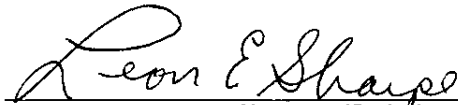
Name of Limited Liability Company

L11000130941

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Leon E. Sharpe

Typed or Printed Name

Resigning Resident Agent

Capacity

FILED STATE
SECRETARY OF CORPORATION
14 NOV 24 PM 12:44

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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