

L11000131847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN 20 2013

A. LUNT

Office Use Only



700248393867

2013 JUN 19 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

06/19/13--01020--002 **85.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NESOI PARTNERS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 11000 131 847

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:

Bert Blicher
Name of Person

Name of Firm/Company

16403 Brookfield Estates Way
Address

Delray Beach FL 33446
City/State and Zip Code

blicher b @ aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bert Blicher at (561) 999-9947
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

2013 JUN 19 PM 4:09

FILED

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,

Gary L. Prado, hereby resigns as
Name of Registered Agent

Registered Agent for Nesoi Partners LLC

Name of Limited Liability Company

411000 131847
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.

(X) Gary L. Prado
Signature of Resigning Agent

If signing on behalf of an entity:

Nesoi Partners, LLC
Typed or Printed Name

MGRM
Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 19 PM 4:09

FILED

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