411000143855

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusiness Entity News)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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02/10/15--01003--007 **25.00

03/19/15--01017--017 **60.00

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C. CARROTHER:



February 17, 2015

GARY D ALEXANDER 4285 SW MARTIN HIGHWAY PALM CITY, FL 34990

SUBJECT: TECHNOLOGY RIVER INVESTMENTS, LLC

Ref. Number: L11000143855

We have received your document for TECHNOLOGY RIVER INVESTMENTS, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

The fee to resign as registered agent of an active corporation is \$87.50.

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) 245-6050.

Letter Number: 315A00003291

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

COVER LETTER

Division of Corporations
SUBJECT: TECHNOLOGY RIVER INVESTMENTS, LLC
Name of Limited Liability Company
OOCUMENT NUMBER: L11000143855
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:
GARY D. ALEXANDER
Name of Person
Name of Firm/Company
4285 SW MARTIN HIGHWAY
Address
PALM CITY, FL 34990
City/State and Zip Code
GoldenRiverGuy@gmail.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
GARY ALEXANDER 772 341-6535
GARY ALEXANDER at (772 341-6535 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\$85.00 for an active limited ability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limitability company.
AAILING ADDRESS: STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the undersigned,		
GARY R. SMITH		, hereby resigns as	
	Name of Registered Agent	. 40.00.00	
Registered Agent for	TECHNOLOGY RIVER INVESTMENTS, LLC		
 	Name of Limited Liability Company		
L11000143855			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability company	y at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day after the dat	e on which this statement is filed.	
If signing on behalf of	Signature of Resigning Agent	15 MAR 19 AM 7:59 SETTICIARY OF STATE	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Tallahassee, FL 32314