

# L120000001989

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12 OCT -2 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 2 - 2012



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2012

EMERGENCY DISASTER TECHNICIANS, LLC  
JOSE E NODAL  
2555 DOBBS RD, UNIT 14  
ST. AUGUSTINE, FL 32086

SUBJECT: EMERGENCY DISASTER TECHNICIANS , LLC  
Ref. Number: L12000001989

We have received your document for EMERGENCY DISASTER TECHNICIANS , 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 112A00022342

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Emergency Disaster Technicians, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 12 000001989

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:

Jose E Nodal  
Name of Person

Emergency Disaster Technicians, LLC  
Name of Firm/Company

2555 Dobbs Road , unit 14  
Address

St. Augustine, FL 32086  
City/State and Zip Code

info@edtservices.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose E. Nodal at ( 305 ) 970-8850  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

Bryan Keith Fox, hereby resigns as  
Name of Registered Agent

Registered Agent for Emergency Disaster Technicians, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L12000001989

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:

Bryan Fox

\_\_\_\_\_  
Typed or Printed Name

UGRM

\_\_\_\_\_  
Capacity

FILED  
12 OCT -2 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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