

LIZ 000012565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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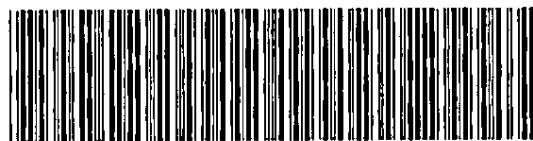
(Business Entity Name)

(Document Number)

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20 JAN 13 AM 11:23

FEB 10 2009
C. M. K. 12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOTTICELLI ADVISORS, LLC

(Name of Corporation)

DOCUMENT NUMBER: L12000012565

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Evans, Esq.

(Name of Person)

Leslie Robert Evans and Associates

(Name of Firm/Company)

2300 NW Corporate Blvd, Suite 215

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Evans

(Name of Person)

at (561) 832-8288

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JAN 13 AM 11:24

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

20 JAN 13 AM 11:24
FILED
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Leslie Robert Evans, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for Botticelli Advisors, LLC

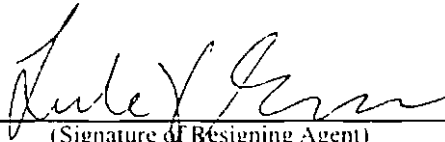
(Name of Corporation)

L12000012565

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

Leslie Evans

(Typed or Printed Name)

Registered Agent

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314