

L/2000013098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

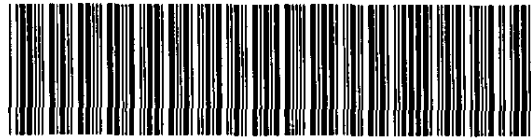
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT - 2 2013  
A. LUNT

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09/05/13--01020--004 \*\*25.00

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

2013 OCT - 1 PM 25

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2013

TOM SEWELL  
5220 SW 64 AVE.  
DAVIE, FL 33314

SUBJECT: PORTFOLIO MARKETING AND EVENTS, LLC  
Ref. Number: L12000013098

We have received your document for PORTFOLIO MARKETING AND EVENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 113A00021402

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Portfolio marketing and events LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000013098

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:

tom Sewell  
Name of Person

heritage accounting  
Name of Firm/Company

5220 Sw 64 ave  
Address

davie, fl 33314  
City/State and Zip Code

tom@heritagetaxservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

tom Sewell at ( 954 ) 907-3426  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2013 OCT -1 PM 2:56  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**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,

**tom Sewell**

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for \_\_\_\_\_

**portfolio marketing and events LLC**

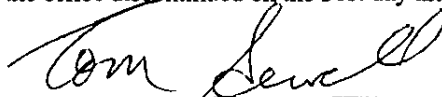
\_\_\_\_\_  
Name of Limited Liability Company

**L12000013098**

\_\_\_\_\_  
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:

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

\_\_\_\_\_  
Capacity

**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**

2013 OCT -1 PM 1:25  
FILED