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COVER LETTER

000 0 110			
SUBJECT: 902 Group, LLC Name of Limited Liability Company			
DOCUMENT NUMBER: L 2000 0 269 34			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	are sub	mitted	i
Please return all correspondence concerning this matter to the following:			
Daniel W. Humbert Name of Person			
Danjel W. Humbert PA. Name of Firm/Company			
12 SE7th Street Suite A606		2013 APR	-1
Fort laudendale #L 33301 City/State and Zip Code	TARY O	ပ်	
E-mail address: (to be used for future annual report notification)	F STATE	PH 12: 05	
For further information concerning this matter, please call:			
Daniel W. Humbert at (974) 533-8565 Name of Person Area Code & Daytime Telephone Number	er		
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an aliability company or \$25.00 for an administratively dissolved, voluntarily dissolved or which is a check made payable to the Florida Department of State for \$85.00 for an aliability company.	ictive lii vithdrav	nited /n lim	ited

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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 provision	s of section 608.416(2) or 608.509, Florida Sta	tutes, the undersigned,	
Dar	iel W. Humbert	_ , hereby resigns as	
	Name of Registered Agent		
Registered Agent for	902 Group, LLC		_
	Name of Limited Liability Company		_,
L 2000 Document Nut	126934 nber, if known		
A copy of this resignatio	n was mailed to the above listed limited liability	y company at its last known address	
The agency is terminated	and the office discontinued on the 31st day aft	er the date on which this statement i	is filed.
	Signatur of Resigning Agent		
If signing on behalf of ar	entity:		
	Typed or Printed Name	ŭ ∴	AP -3
	Capacity	EFLONIC	

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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