L12000040366

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

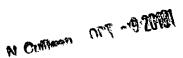




700252262607

10/07/13--01025--008 **85.00







Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831

.: - Austin, TX 78767

Phone. 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

10/3/2013 **FLORIDA**

REP UNIT:

IDIVE CAYMEN, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 24558 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

MAILING ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: IDIVE CAYMEN, LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L12000040366</u>
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:
Rhonda Peirce Name of Person
Capitol Services Registered Agent Department Name of Firm/Company
800 Brazos, Suite 400 Address
Austin, Texas 78701 City/State and Zip Code
rpeirce@capitolservices.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rhonda Peirce at (800) 345-4647 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Return acknowledgment to:

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

Clifton Building

Capitol Services, Inc. P.O. Box 1831 Austin, TX 78 800/345-4647

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,			
Capitol Corporate Services, Inc. , hereby resigns as			
Registered Agent for IDIVE CAYMEN, LLC			
Name of Limited Liability Company L12000040366 Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability company at its last known address agency is terminated and the office discontinued on the 31st day after the date on which this statements.			
Signature of Resigning Agent If signing on behalf of an entity: Jason Fischer Typed or Printed Name	SECRE TALLA	2819 OC	
Assistant Secretary Capacity	TARY OF STATE	JI-7 M 7:58	FILED
### FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	De:	ω	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314