

L12000048041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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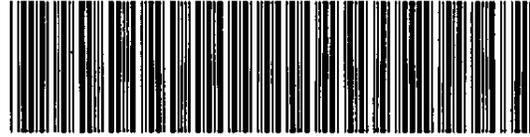
(Business Entity Name)

(Document Number)

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13 DEC 26 AM 10:45  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ferrer Law Group, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000048041

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:

Lourdes Ferrer  
Name of Person

Ferrer Law Group, LLC  
Name of Firm/Company

2137 N. Commerce Parkway  
Address

Weston, FL 33326  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lourdes Ferrer at (954) 951-6810  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Florida Statutes, the undersigned,

Strock & Cohen, Zipper Law Group, P.A. f/k/a Strock & cohen, Zipper, Ferrer Law Group, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Ferrer Law Group, LLC

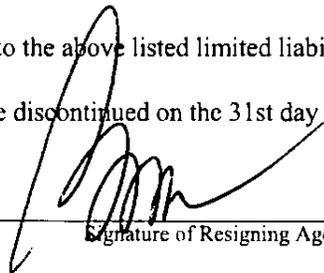
Name of Limited Liability Company

L12000048041

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:

Barton Strock

Typed or Printed Name

President

Capacity

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
13 DEC 26 AM 10:46  
0111

**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