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TO:	Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJ	ECT: ONE GUY & MOE. LLC Name of Limited Liability	(Company
DOC'	UMENT NUMBER: L12000048882	Company
	nclosed Resignation of Registered Agent for a Limited	I Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to t	ne following:
Jay E	E. Auerbach, Esq.	
	Name of Person	-
KHA	NI & AUERBACH	
	Name of Firm/Company	-
2338	Hollywood Blvd.	
	Address	-
Holly	wood, FL 33020	
	City/State and Zip Code	-
jay@	hollywood-law.com	
E	-mail address: (to be used for future annual report notification)	-
For fi	orther information concerning this matter, please call:	
Jay E	E. Auerbach	921-1517
	Name of Person Area Code	921-1517 Daytime Telephone Number
Enclo liabili liabili	sed is a check made payable to the Florida Departmer ty company or \$25.00 for an administratively dissolve ty company.	t of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	section 605.0115, F	lorida Statutes, the un-	dersigned,	
Jay E. Auerbach			, hereby resigns as	
	of Registered Agent		, notedy resigns as	
Registered Agent for ONE C	GUY & MOE, LL	.C		· · · · · · · · · · · · · · · · · · ·
	Name of Limited	l Liability Company		
L12000048882				
Document Number,	fknown	_		
A copy of this resignation was	s mailed to the abov	ve listed limited liabili	ty company at its last	known address.
The agency is terminated and If signing on behalf of an entire	My	nued on the 31st day af		FO CA
	Турес	d or Printed Name		SEP /
	(Capacity		STORY OF THE STORY
	FILING FE \$ 85.00 A \$ 25.00 A	EES: Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily diss pility company	solved/

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