

L12000076641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

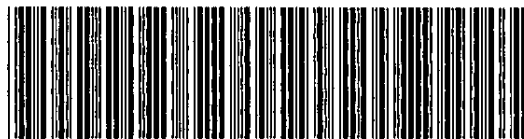
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 JUL 13 AM 11:55

JUL 16 2012

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIVERSE SERVICE PROVIDER LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000076641

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:

CARLOS A ALDANA
Name of Person

Name of Firm/Company

6819 SW 105 CT
Address

MIAMI, FL 33173
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Szykula at (54911) 44776464
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 608.416(2) or 608.509, Florida Statutes, the undersigned,

CARLOS A ALDANA

, hereby resigns as

Name of Registered Agent

Registered Agent for DIVERSE SERVICE PROVIDER LLC

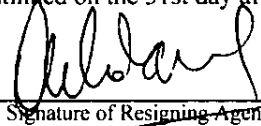
Name of Limited Liability Company

L12000076641

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 13 AM 11:55

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

CK# 6108