

L/2000082816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JAN 21 2013

A. LUNT

Office Use Only



400255290394

01/10/14--01010--006 \*\*25.00

FILED  
2014 JAN 10 PM 5:32  
RECEIVED  
FEB 10 2013

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FINE ELEMENTS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000082816

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:

**Ash Menon**

Name of Person

**CPA Solutions Inc**

Name of Firm/Company

**13000 Avalon Lake Drive, Suite 303**

Address

**Orlando, FL 32828**

City/State and Zip Code

**ash@mycpasolutions.com**

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

For further information concerning this matter, please call:

**Ash Menon**

Name of Person

at ( **321** ) **221 0175**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

FILED  
2014 JAN 10 PM 5:32  
TALLAHASSEE, FL 32301  
CLERK OF THE COURT

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**AVALON PARK ACCOUNTING**

Name of Registered Agent

Registered Agent for **FINE ELEMENTS, LLC**

Name of Limited Liability Company

**L12000082816**

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.

*Dalia Cantor*

Signature of Resigning Agent

If signing on behalf of an entity:

**Dalia Cantor**

Typed or Printed Name

**Managing Member**

Capacity

### **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