

L12000090639

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLS Consultants, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000090639

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:

Christopher Simmons

Name of Person

CLS Consultants, LLC

Name of Firm/Company

7436 BRIELLA DRIVE

Address

BOYNTON BEACH FL 33437

City/State and Zip Code

clsimmons2323@gmail.com

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

For further information concerning this matter, please call:

Christopher Simmons at (954) 914-3431

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Alicia S. Allen
5520 Lake Tern Court
Coconut Creek, FL 33073

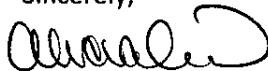
January 10, 2013

To Whom It May Concern:

Please accept the attached resignation of registered agent for CLS Consultants, LLC immediately. I am no longer willing or able to serve as the registered agent for the above limited liability company.

Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alicia S. Allen', with a stylized flourish at the end.

Alicia S. Allen
561-602-6770

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,

Alicia S. Allen

, hereby resigns as

Name of Registered Agent

Registered Agent for CLS Consultants, LLC

Name of Limited Liability Company

L12000090639

Document Number, if known

FILED
2013 JAN 18 PM 2 10
TALLAHASSEE, FLORIDA

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

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