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(Req	uestor's Name)				
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2013 JUN-21 PM 1: OF SECRETARY OF STATE

JUN 2 4 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Agent Resource Services, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nicola Ubaldini (Contact Person)				
(Firm/Company)				
35111 US Hwy 19N Suite 207				

(Address)

Palm Harbor, FL 34684

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicola Ubaldini

at (727) 772-5600 (Area Code & Daytime Telephone Number)

(Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as it a	ippears on the records of the	he Florida Department
of State is: Age	ent Resource Services LL	С	TAL SE
	ility company was organized un		JUN 21 PM 1 00 CRETARY OF STATE LAHASSEE, FLORID
3. The Florida docu L120000960	ument/registration number of thi	is limited liability compan 	y is:
4. I, Gary Ubaldini &	Nicola Ubaldini, as tenants by entire	^{ty} , hereby resign as a Ma	naging Member
(Print N	ame of Person Resigning)	_ , ,	(Print Title)
of this limited lia	bility company and affirm the lis	mited liability company ha	as been notified of my
resignation in wr	iting.	poer or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		