

L130000046022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

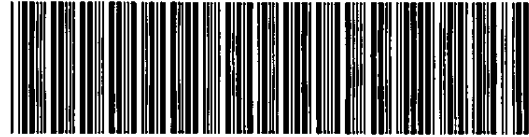
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000263494560

08/25/14--01050--020 **85.00

FILED
14 AUG 25 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CM.
9-2-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ION Target Revenue, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000046022

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:

Amber Martinez

Name of Person

Name of Firm/Company

14761 Madison Place

Address

Davie, FL 33325

City/State and Zip Code

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

For further information concerning this matter, please call:

Amber Martinez

Name of Person

at (954) 232-8222
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
14 AUG 25 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Linda Scialo

Name of Registered Agent

, hereby resigns as

Registered Agent for

ION Target Revenue, LLC

Name of Limited Liability Company

L13000046022

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.

Linda Scialo

Signature of Resigning Agent

If signing on behalf of an entity:

LINDA SCIALO

Typed or Printed Name

Self

Capacity

FILED
14 AUG 25 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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