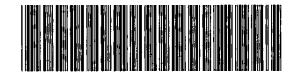
W3000098156

(Requestor's Name)		
(Address)		
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(City/	/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
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	,	,
(Document Number)		
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Special Instructions to F	ilina Officer:	
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CRMO

COVER LETTER

SUBJECT: 2800 RULEME STREET, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L13000098156	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
ROBIN MOLT	
Name of Person	IAS .
CORPORATION SERVICE COMPANY	14 0C
Name of Firm/Company	\$3.2 \$3.2
80 STATE STREET	FREE PROPERTY.
Address	
ALBANY NY 12207	<u> </u>
City/State and Zip Code	•
RMOLT@CSCINFO.COM	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
ROBIN MOLT 518	433-7018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, th	ne undersigned,
CORPORATION SERVICE COMPANY		, hereby resigns as
	Name of Registered Agent	, nereoy resigns as
Registered Agent for _	2800 RULEME STREET, LLC	
	Name of Limited Liability Company	
L13000098156		
Document 1	Number, if known	
A copy of this resignat	tion was mailed to the above listed limited li	ability company at its last known address.
The agency is terminat	ted and the office discontinued on the 31st d	ay after the date on which this statement is filed.
	Signature of Resigning	Agent Ass
If signing on behalf of	an entity:	20 4
	ROBIN MOLT	
	Typed or Printed Name	
	ASST SECRETARY	夏
	Capacity	

FILING FEES: \$ 85.00 Activ Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314