

L13000111610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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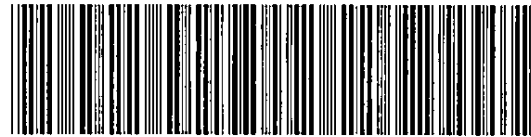
(Business Entity Name)

(Document Number)

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17 JUL 13 AM 10:54
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JULIA A. STEVENSON, CLERK
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JULIA A. STEVENSON, CLERK

S. WARREN

JUL 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2017

JENNIFER DEMERITTE
1251 SW 189TH AVE
PEMBROKE PINES, FL 33029

SUBJECT: OPTIONOLOGY LLC
Ref. Number: L13000111610

We have received your document for OPTIONOLOGY LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00013379

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optionology, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000111610

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:

Jennifer Demeritte
Name of Person

Name of Firm/Company

1251 SW 189th Ave
Address

Pembroke Pines, FL 33029
City/State and Zip Code

demerittej@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Demeritte at (754) 204-0544
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

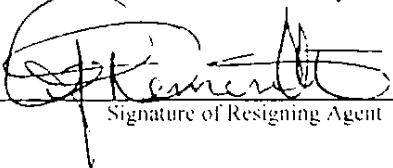
Jennifer Demeritte, hereby resigns as
Name of Registered Agent

Registered Agent for Optionology, LLC
Name of Limited Liability Company

L13000111610
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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
17 JUL 13 AM 10:54
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