## 

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(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



## CORPORATE ACCESS,

When you need ACCESS to the world

INC.,

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK U	P: BROOK 8/9
	CERTIFIED COPY	
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PECIAL II	NSTRUCTIONS:	
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, th	e undersigned,	
CORPORATE ACCESS, INC	, hereby resigns as	9
Name of Registered Agent	( nereby resigns as	<b>5</b>
Registered Agent for LISA E INVESTMENTS LLC		
Name of Limited Liability Company	·	<u> </u>
L13000153728		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited li		
The agency is terminated and the office discontinued on the 31st d		is statement is filed.
If signing on behalf of an entity:		
DANNY BENNETT		
Typed or Printed Name		
PRESIDENT		
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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