

L130000158260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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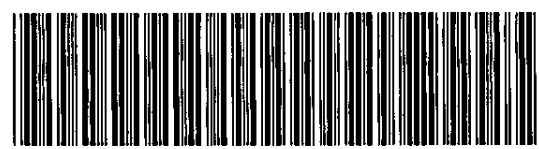
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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@ 9.16.14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Metrix Global Associates, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000158260

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:

Julie Morgan

Name of Person

Metrix Global Associates, LLC

Name of Firm/Company

15 Paradise Plaza #250

Address

Sarasota, FL 34239

City/State and Zip Code

bluline.services@gmail.com

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

For further information concerning this matter, please call:

Julie Morgan

at ( 801 ) 712-5197

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Eric Herman, hereby resigns as

Name of Registered Agent

Registered Agent for Metrix Global Associates, LLC

15 Paradise Plaza #250, Sarasota, FL 34239

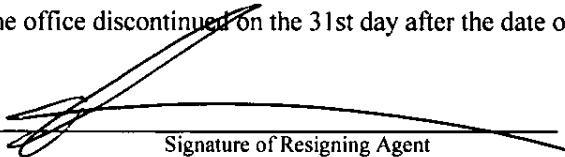
Name of Limited Liability Company

L13000158260

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:

Eric Herman

Typed or Printed Name

Manager

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**

FILED STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
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