

12/3/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000279226 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.
Account Number : I20040000167
Phone : (305) 377-0809
Fax Number : (305) 377-0781

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: coverhvj@gmail.com

**LLC REGISTERED AGENT RESIGNATION
NATIONAL CERTIFIED RECORD RETRIEVAL SERVICE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -3 PM 4:56

APPROVED
AND
FILED

T. LEMIEUX

14 DEC -3 PM 4:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL CERTIFIED RECORD RETRIEVAL SERVICE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000028700

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:

SELENA SAMALE

Name of Person

PERLMAN, BAJANDAS, YEVOLI & ALBRIGHT, P.L.

Name of Firm/Company

200 S. ANDREWS AVE SUITE 600

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

RAVERBUJ@GMAIL.COM

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

For further information concerning this matter, please call:

SELENA SAMALE

Name of Person

at

954

Area Code

566-7117

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

PBYA CORPORATE SERVICES

Name of Registered Agent

, hereby resigns as

Registered Agent for **NATIONAL CERTIFIED RECORD RETRIEVAL SERVICE LLC**

Name of Limited Liability Company

L14000028700

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:

Mark Albury, Manager
Typed or Printed Name

Perlmutter, Benjamin, 1/evol: + Albury, Mark
Capacity
Managing member

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

INHS17 (2/14)

14 DEC -3 PM 4: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED