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LIU000055754	
(Requestor's Name) (Address)	500283597895
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	04/25/1801042003 **85.00
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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, the undersigned,

Sulte Law Firm, P.A.

Name of Registered Agent

___, hereby resigns as

Registered Agent for _____

Name of Limited Liability Company

L14000055754

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.

of Resigning Agent ature If signing on behalf of an entity: Nall FILING FEES: Active limited liability company Administratively dissolved/voluntarily dissolved/withdrawn limited liability company \$ 8<u>5.00</u> N \$ 25.00 PH ယ္ ယ္သ Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314