## \*L14000153694

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EXAMINER
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## **COVER LETTER**

Name of Limited Liability Company  DOCUMENT NUMBER:  L14000153694  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:  Dennis R. Bedard  Name of Person  Dennis R. Bedard, PA  Name of Firm/Company  1717 North Bayshore Drive Suite 215  Address  Miami, Florida 33132  City/State and Zip Code  dennisbedard@mac.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Dennis R. Bedard  Name of Person  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Dennis R. Bedard  Name of Person  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Dennis R. Bedard  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	TO: Registration Section Division of Corporations	*	4	
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<u> </u>	MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building	<u>•</u>			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sectio	on 605.0115, Florida Statutes, the	e undersigned,	30 P - TI
Linda Quesnel		hanahu nasiana aa	TILE
Name of Re	gistered Agent	, hereby resigns as	超的加
Registered Agent for 2346			SSEE PA
			2. is
1	Name of Limited Liability Company		- 10 m
L14000153694			
Document Number, if know	wn		
A copy of this resignation was mail	led to the above listed limited lia	ability company at its last	known address.
The agency is terminated and the o	office discontinued on the 31st day		this statement is filed.
If signing on behalf of an entity:			
	Typed or Printed Name		
	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