

L14000179051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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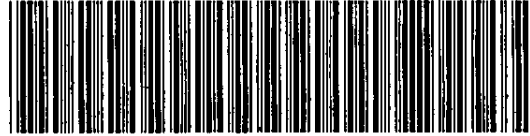
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 10 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIED CREDIT CONSULTANTS, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L14000179051

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:

Justin Infurna, Esq., LLM
Name of Person

The Infurna Law Firm, PA.
Name of Firm/Company

121 South Orange Ave, Suite 1500
Address

Orlando, FL 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

Justyna Chancy at (407) 927-7613
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRET
TALLAHASSEE
FLORIDA
STATE

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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,

The Infurna Law Firm, P.A., hereby resigns as
Name of Registered Agent

Registered Agent for ALLIED CREDIT CONSULTANTS, L.L.C.

Name of Limited Liability Company

L14000179051
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:

X Justin Infurna
Typed or Printed Name
X
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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