



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.  
Account Number : I20090000078  
Phone : (561)801-7312  
Fax Number : (561)515-3904

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
LEOPOLD GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

10/31/18 25

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEOPOLD GROUP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000137978

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:

PAUL A. KRASKER, ESQ.

Name of Person

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

Name of Firm/Company

1615 FORUM PLACE, 5TH FLOOR

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

DO NOT CHANGE CURRENT EMAIL ADDRESS

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

For further information concerning this matter, please call:

ANDREA MURPHY

Name of Person

at ( 561 ) 515-4722

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

PAUL KRASKER, ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for LEOPOLD GROUP LLC

Name of Limited Liability Company

L15000137978

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:

Paul A. Krasker

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

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