

L16 0000006836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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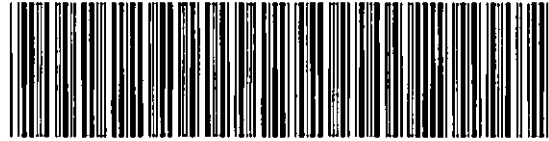
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Legacy Protection & Intelligence Agency

Name of Limited Liability Company

DOCUMENT NUMBER: L16000006836

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:

Luisa Moreno

Name of Person

Legacy Protection & Intelligence Agency

Name of Firm/Company

8290 NW 27th St. Office 602

Address

Doral, FL. 33122

City/State and Zip Code

admin@legacyprotectionus.com

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

For further information concerning this matter, please call:

Luisa Moreno

at (626) 388-3449

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Maribel Mejia

Name of Registered Agent

, hereby resigns as

Registered Agent for Legacy Protection & Intelligence Agency

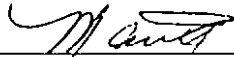
Name of Limited Liability Company

L16000006836

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:

Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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