

L21000217377

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 : BURKE FAULKNER LAW, P.A.
Account Number : 128150080064
Phone : (727)781-7428
Fax Number : (727)502-6064

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

Email Address: sfyconsultingllc@gmail.com

LLC REGISTERED AGENT RESIGNATION
SFY CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: SFY CONSULTING, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: _____

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:

NICHOLAS KUBIAN

Name of Person

SFY CONSULTING, LLC

Name of Firm/Company

31 OLYMPIA LANE

Address

MONSEY, NY 19502

City/State and Zip Code

SFYCONSULTINGLLC@GMAIL.COM

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

For further information concerning this matter, please call:

HENRI BARDHI

Name of Person

727

939-4900

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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,

BURKE FAULKNER LAW, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for SFY CONSULTING, LLC

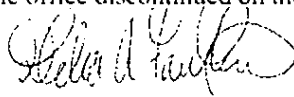
Name of Limited Liability Company

L21000217377

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:

Debra A. Faulkner

Typed or Printed Name

President

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

INHS17 (2/14)

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