

MO2000001771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500251477165

09/09/13--01014--003 **25.00

FILED
2013 SEP - 9 AM 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STAT GROUP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M02000001771

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:

Adam Saldana
Name of Person

Registered Agent Solutions, Inc.
Name of Firm/Company

1701 Directors Blvd. Ste. 300
Address

Austin, TX 78744
City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Saldana at (888) 705-7274
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

REGISTERED AGENT SOLUTIONS, INC., hereby resigns as
Name of Registered Agent

Registered Agent for STAT GROUP, LLC
Name of Limited Liability Company

M02000001771
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.

Jaclyn Wright
Signature of Resigning Agent

If signing on behalf of an entity:

Jaclyn Wright
Typed or Printed Name
Assistant Secretary
Capacity

FILED
2013 SEP -9 AM 11:26
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withdrawn limited liability company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