

MD3000002709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

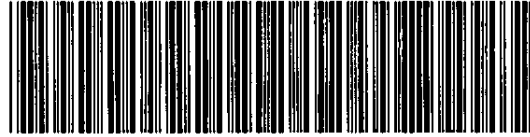
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100270253931

03/05/15--01019--023 **332.50

APR 09 2015
T. CARTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR -3 PM 2:46



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2015

TIFFANY ROTH
NATIONAL CORPORATE RESEARCH, LTD.
615 S DUPONT HWY
DOVER, DE 19901 US

SUBJECT: LEADING EDGE RECOVERY SOLUTIONS, L.L.C.
Ref. Number: M03000002709

We have received your document for LEADING EDGE RECOVERY SOLUTIONS, L.L.C. and your check(s) totaling \$332.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 715A00004977

15 APR -3 AM 11:59
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEADING EDGE RECOVERY SOLUTIONS, L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: M03000002709

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:

Gina M. Corona

Name of Person

National Corporate Research, Ltd.

Name of Firm/Company

615 S. Dupont Hwy

Address

Dover, DE 19901

City/State and Zip Code

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

For further information concerning this matter, please call:

Gina M. Corona

Name of Person

at (866) 621-3524

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

National Corporate Research, Ltd.

Name of Registered Agent

Registered Agent for LEADING EDGE RECOVERY SOLUTIONS, L.L.C.

Name of Limited Liability Company

M03000002709

Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR - 3 PM 2:46

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.

A. Lundgren

Signature of Resigning Agent

If signing on behalf of an entity:

Andrew Lundgren

Typed or Printed Name

Vice 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