M030000003164

(Requestor's Name)
•
(Address)
· · · · · · · · · · · · · · · · · · ·
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
. (Document Number)
· · · · · · · · · · · · · · · · · · ·
Contiliant Conins
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

A. LUNT

JUN 25 2008

EXAMINER

Office Use Only



700131063427

06/23/08--01044--024 **75.00



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

OT CORROR (TIO)	A ONCERNA			
C T CORPORATION		, here	by resigns as	
	(Name of Registered Agent)			
Registered Agent for _	NEWVENSURE, LLC.	(PA. DOM.)		
	(Name of Limited	Liability Company)		,
M03	3000003164			
(Document Nu	mber, if known)			
A COPY OF HIS LOSIZION	non was maned to the above	e listed limited liability comp	any at its last known address.	
			eany at its last known address. date on which this statement is	filed
	ted and the office discontinu			filed
The agency is terminal	ted and the office discontinu	ned on the 31st day after the o	date on which this statement is	filed
The agency is terminal	ted and the office discontinution of the dis	ned on the 31st day after the o	date on which this statement is TALLAHA	filed
The agency is terminal	an entity:	of Resigning Agent)	date on which this statement is SECRETARY OF TALLAHASSEE,	filed
	an entity: C T CORPORATION S (Typed)	of Resigning Agent) SYSTEM - Theresa Alfieri	date on which this statement is TALLAHA	filed

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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