*M04000005530

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COVER LETTER

PROSPECT ARAGON LLC **SUBJECT:** Name of Limited Liability Company M04000005530 **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: **ROBIN MOLT** Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 80 STATE STREET 10TH FL Address ALBANY NY 12207 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBIN MOLT 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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 se	ion 608.416(2) or 608.509, Florida Statutes, the undersigned,	
CORPORATION	SERVICE COMPANY , hereby resigns as	
Name o	Registered Agent	T T
Registered Agent for	SERVICE COMPANY , hereby resigns as Registered Agent PROSPECT ARAGON LLC	
	و المراجع المر	}
	Name of Limited Liability Company	
M040000055	.0	
Document Number, if	own	
	ailed to the above listed limited liability company at its last known address. office discontinued on the 31st day after the date on which this statement is filed	
	RPORATION SERVICE COMPANY	
	Signature of Resigning Agent	
If signing on behalf of an entity		
	ROBIN MOLT	
<u></u>	Typed or Printed Name	
	asst secretary	
	Capacity	

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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