

M05000007080

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 : ROETZEL & ANDRESS
Account Number : I20000000121
Phone : (239) 649-6200
Fax Number : (239) 261-3659

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

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TALLAHASSEE, FLORIDA

2012 OCT 25 AM 8:16

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12 OCT 25 AM 6:50
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**LLC REGISTERED AGENT RESIGNATION
THE ORIN GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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J. BRYAN
Help OCT 26 2012
EXAMINER
10/24/2012

COVER LETTER

((H12000256971 3)))

TO: Amendment Section
Division of Corporations

SUBJECT: The Orin Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M05000007080

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:

David P. Barker

Name of Person

R&A Agents, Inc.

Name of Firm/Company

420 S. Orange Avenue, 7th Floor

Address

Orlando, FL 32801

City/State and Zip Code

john@theoringroup.com

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

For further information concerning this matter, please call:

Marcy Pine

Name of Person

at (407)

835-8564
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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,

R&A Agents, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for

The Orin Group LLC

Name of Limited Liability Company

M05000007080

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:

David P. Barker

Typed or Printed Name

Registered Agent

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 (08/05)

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