

**M06 000002419**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

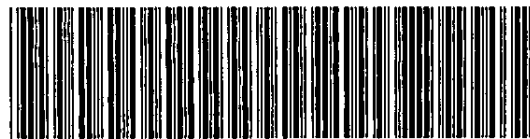
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**800249814768**

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**FILED**  
2013 JUL 18 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**JUL 28 2013**

**1 CLINE**



July 12, 2013

RE: OFFERRINGS DIRECT, LLC (DE.DOM)

Department of State  
Division of Corporations  
Clifton Building  
261 Executive Center Circle  
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$ 25.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

NATIONAL REGISTERED AGENTS, INC.

*Theresa Alfieri*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary  
(212) 894 8516

TA:lf  
Enclosure

FILED  
2013 JUL 18 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

NRAI SERVICES, INC.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for OFFERRINGS DIRECT, LLC (DE.DOM)


(Name of Limited Liability Company)

M06000002419

(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:

NRAI SERVICES, INC. - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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