

M06000004076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

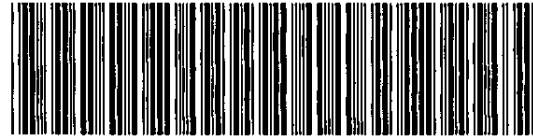
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE  
OCT - 8 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2012

ROBIN MOLT  
CORPORATION SERVICE COMPANY  
80 STATE STREET  
ALBANY, NY 12207

SUBJECT: EQUILEASE RESIDENTIAL SERVICES, LLC  
Ref. Number: M06000004076

We have received your document for EQUILEASE RESIDENTIAL SERVICES, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be sign by resigning agent.

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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 812A00023940

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EQUILEASE RESIDENTIAL SERVICES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M06000004076

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 at ( 518 ) 433-7018  
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# 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,

CORPORATION SERVICE COMPANY, hereby resigns as  
Name of Registered Agent

Registered Agent for EQUILEASE RESIDENTIAL SERVICES, LLC  
Name of Limited Liability Company

M06000004076  
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.

CORPORATION SERVICE COMPANY

Robin Molt  
Signature of Resigning Agent

If signing on behalf of an entity:

ROBIN MOLT  
Typed or Printed Name  
asst secretary  
Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314