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(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City)	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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SECRETARY OF STATE

T. HAMPTON

MAY 1 9 2010

EXAMINER

212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

May 12, 2010

RE: NORBURY FINANCIAL SYSTEMS, 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 <u>1</u> check in the amount <u>25.00</u> 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,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Sta	tutes, the undersigned,
C T CORPORATIO	N SYSTEM	_ , hereby resigns as
	(Name of Registered Agent)	
Registered Agent for	NORBURY FINANCIALSYSTEMS, LLC.	(DE. DOM.)
	(Name of Limited Liability Company)	,
M070	00000297	
(Document Nu	umber, if known)	
A copy of this resigna	tion was mailed to the above listed limited liability	y company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day aft	ter the date on which this statement is filed.
	(Signature of Resigning Agent)	
If signing on behalf of	f an entity:	
	C T CORPORATION SYSTEM - Theresa A	.lfieri
	(Typed or Printed Name)	
	ASSISTANT SECRETARY	
	(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withdrawn limited liability company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

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