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M08000002691

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 : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850) 656-7956  
Fax Number : (850) 656-7953

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

**LLC REGISTERED AGENT RESIGNATION  
BROKERSUITE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

15 AUG 27 PM 3:59

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TALLAHASSEE, FLORIDA

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15 AUG 27 AM 7:11

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AUG 28 2015

T. HARRIS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BROKERSUITE, LLC

*Name of Limited Liability Company*

**DOCUMENT NUMBER:** M08000002691

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:

TUNISHA SCOTT

*Name of Person*

INCORPORATING SERVICES, LTD

*Name of Firm/Company*

1540 GLENWAY DRIVE

*Address*

TALLAHASSEE, FL 32301

*City/State and Zip Code*

RADIV@INCSERV.COM

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

For further information concerning this matter, please call:

TUNISHA SCOTT

*Name of Person*

at ( 302 ) 531-0721

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of section 605 0115, Florida Statutes, the undersigned,

**INCORPORATING SERVICES, LTD**

Name of Registered Agent

, hereby resigns as

Registered Agent for **BROKERSUITE, LLC**

Name of Limited Liability Company

**M08000002691**

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:

**TUNISHA SCOTT**

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

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

**FILED**  
15 AUG 27 AM 7:11  
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TALLAHASSEE, FLORIDA