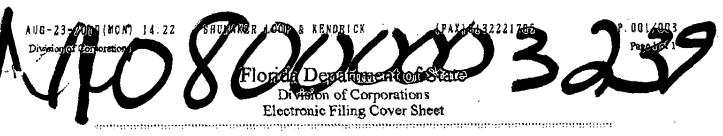
850-245-6030



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000188708 3)))



H100001887083ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone

: (813)229~7600

Pax Number

: (813)229-1660

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

Rmoil Address: BryanJMithel@comcast.net

# LLC REGISTERED AGENT RESIGNATION CONSUMER FINANCIAL ADVISORY BOARD, LLC

RECEIVED	10 AUG 29° PM 3: 53	SECRETARY OF STATE
RECEIVE	AUG 29 PH 3: 5	IARY OF SASSEE, FI

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$115.00

Electronic Filing Menu

Corporate Filing Menu

Help

8/23/2010

https://efile.sunbiz.org/scripts/efilcovr.exc

08/24/2010 09:48

AUG-23-2010 (MON) 14:23

SHUMAKER LOOP & KENDRICK

(PAX) 8132221/705

P. 002/003

#### H10000188708 3

#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Consu	mer Financial Advisory Board, LLC	
	Name of Limited Liability Company	
DOCUMENT NUMBER:	M08000003239	
The enclosed Resignation of Regfor filing.	ristered Agent for a Limited Liability Company and fee are subm	itted
Please return oil correspondence	concerning this matter to the following:	
Willard A. Name of Po		
Name of Firm	Company	
101 E. Kennedy Boule Addres		
Tampa, FL City/State and	33602 Zip Code	
Bryan I Mitchell@ E-mail address: (to be used for fo	·	
For further information concerns	ng this matter, please call;	
Willard A. Blair	at ( 813 ) 227-2356	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check made navab	le to the Florida Department of State for \$85,00 for an active limi	ited

liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Tallahassec, FL 32314

### STREET ADDRESS:

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

AUG-23-2010 (MON) 14:23

SHUMAKER LOOP & KENDRICK

(PAX)8132221705

P. 003/003

H10000188708 3

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant in the provisions of s	ction 508.416(2) or 608.509, Florida Statutes, the undersigned,	
.Wi	lard A. Blair hereby resigns as	
Name	of Registered Agent	
Registered Agent for	Consumer Financial Advisory Board, LLC	2010
	Name of Limited Liability Company	ZOLO AUG 24
M08000003.		
·	mailed to the above listed limited liability company at its last known address.	PM 3: 0
The agency is terminated and a	the office discontinued on the 31st day after the date on which this statement is fi	led.—
If signing on behalf of an entit	<b>"</b>	
	Typed or Printed Name	
	Capacity	

Active limited liability company
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 Tallahussee, FL 32314

INHS17 (08/05)