MU9000002937

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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Limited Liability Company	<u>_L(n</u>
DOCUMENT NUMBER: M0900002937	
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	fee are submitted
Please return all correspondence concerning this matter to the following:	
Wendy Hefley Name of Person	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
2360 Corporate Circle, Ste. 400 Address	
Henderson, NV 89074 City/State and Zip Code	SEP I
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	7 PM 2: 39 RY OF STATE SSEE FLORIDS
Incorp Services Inc./Wendy Hefley at (702) 866-2500 Name of Person Area Code & Daytime Telephone Num	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 608.416(2) or 608.509), Florida Statutes, the un	dersigned,	
ļ	ncorp Services, Inc.	, hereby re	esigns as	
	Name of Registered Agent		Ţ	
Registered Agent for	ACCOUNTING, ECONO	MICS & APPRAISAI	_ GROUP, LLC	
	Name of Limited Liability C	ompany	,	
	0002937			
Document Nu	mber, if known			
A copy of this resignatio	on was mailed to the above listed li	mited liability company a	it its last known address.	
The agency is terminated	d and the office discontinued on the	e 31 st clay after the date of	n which this statement is file	:d.
If signing on behalf of an	n entity:	Resigning Agent	SACCE TAILA	
	Wendy Hefley for Incor	·	SEP 17 AHASSE) demand
	Typed or Printed		SER T	
	Authorized Repre	esentative		
	Capacity		S IATE SPRIDA	

FILING FEES:

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Tallahassee, FL 32314