# M10000000057

(Re	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



500211780795

Mesignation

09/13/11--01007--013 \*\*85.00



100 R

## **COVER LETTER**

SUBJECT:	Auto Relief Group 1 Name of Limited Liability	O, LLC
DOCUMENT NUMBER:		
The enclosed Resignation of R for filing.	egistered Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence	ce concerning this matter to t	he following:
Nina Ta Name of	rowsky	-
name of	rerson	
United Corporate	e Services, Inc.	
Name of Firm		-
	:. Ste 560	
Addr	ess	
White Plains	, NY 10606	_
City/State an	d Zip Code	
argreceiver@auto E-mail address: (to be used for	oreliefgroup.com future annual report notification)	-
For further information concer	ning this matter, please call:	
Nina Tarowsky Name of Person	at ( 914 Area Code	) 949-9188 & Daytime Telephone Number
Enclosed is a check made paya liability company or \$25.00 for limited liability company.	ble to the Florida Departmer r an administratively dissolve	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn

#### **MAILING ADDRESS:**

TO:

Amendment Section Division of Corporations

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



Toll Free (800)899-8648 Voice (914)949-9188 Fax (914)949-9618

September 8, 2011

State of Florida Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Relief Group International, LLC Auto Relief Group 10, LLC

Dear Sir/Madam:

Enclosed are the Resignation of Registered Agent forms for the above noted entities along with our checks in the amount of \$85.00 each for the filing fee.

If everything is in order, please file, forwarding a filed stamped copy of each to the attention of the undersigned in the enclosed envelope.

Thank you.

Nina Tarowsky

Assistant Project Manager

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

United Corporate	, , ,	Fig. 2
Name of Regis	stered Agent	25
Registered Agent for	Auto Relief Group 10, LLC	<u> </u>
Nac	me of Limited Liability Company	,
M1000000057		
Document Number, if known		
The agency is terminated and the office	to the above listed limited liability company at its last ce discontinued on the 31st day after the date on which signature of Resigning Agent	
If signing on behalf of an entity:	/	
	Robert F. Gihooley Typed or Printed Name Vice President Capacity	

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admin 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