

m10000000060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

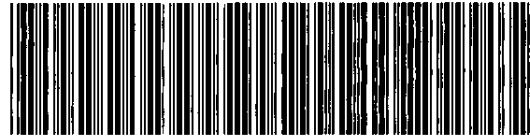
(Business Entity Name)

(Document Number)

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Resignation
to RA

09/13/11--01007--012 **85.00

FILED
2011 SEP 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADZ
9/14/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Relief Group International, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M10000000060

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:

Nina Tarowsky
Name of Person

United Corporate Services, Inc.
Name of Firm/Company

10 Bank St. Ste 560
Address

White Plains, NY 10606
City/State and Zip Code

argreceiver@autoreliefgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nina Tarowsky at (914) 949-9188
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

FILED

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

2011 SEP 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

United Corporate Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for Relief Group International, LLC

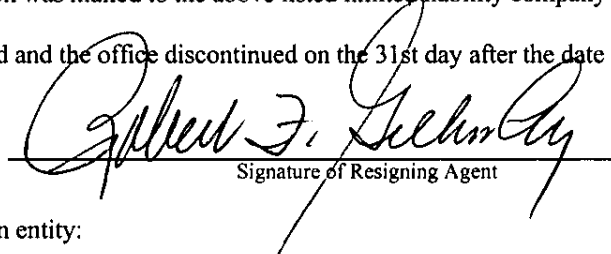
Name of Limited Liability Company

M10000000060

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:

Robert F. Gihoooley

Typed or Printed Name

Vice President

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