

m/0000000159 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

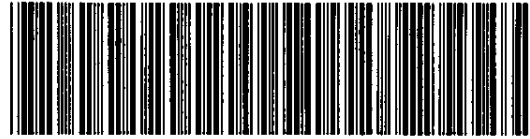
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 08107

B. EOSTICK

DEC 18 2013

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** R SQUARED CONSULTING, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M10000000159

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:

Wendy Hefley  
Name of Person

Incorp Services, Inc.  
Name of Firm/Company

2360 Corporate Circle, Ste. 400  
Address

Henderson, NV 89074  
City/State and Zip Code

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

For further information concerning this matter, please call:

Incorp Services Inc./Wendy Hefley at ( 702 ) 866-2500  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2013 DEC 16 PM 4:41  
TALLAHASSEE, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Incorp Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for R SQUARED CONSULTING, LLC

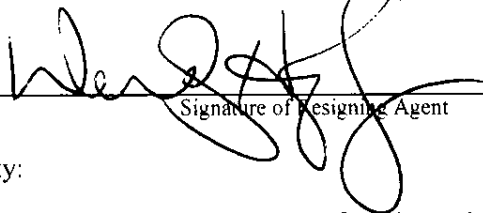
Name of Limited Liability Company

M10000000159

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:

Wendy Hefley for Incorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

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TALLAHASSEE, FL 32314

### **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