(Re	equestor's Name)				
() -	•				
(Ad	ldress)				
(Ad	ldress)				
,					
(Cit	ty/State/Zip/Phone #	()			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Name	e)			
-	•				
. (Do	ocument Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

G. MCLEOD

JUL 20 2011

EXAMINER



700210069637

07/19/11--01018--003 **75.00

COVER LETTER

SUBJECT: NBI Consultants, LLC
SUBJECT: Name of Limited Liability Company
DOCUMENT NUMBER: M 10000002088
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:
J. Weisbrot
Name of Person
NBIC
Name of Firm/Company
110 Wall St., 11th Floor
110 Wall St., 11th Floor Address PY NY 10005 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T. Weisbrot at (800) 385 1247 Name of Person Area Code & Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis							
Ju	liyA	Weisb	rot	, hereby resi	gns as		
Registered Agent for				Itauts,			
	Na	me of Limited	Liability Company		, , , , , , , , , , , , , , , , , , ,		
M	100000	00 208	8				
Document	Number, if known						
A copy of this resigna	ation was maile	d to the above	e listed limited lia	ability company at i	ts last known ac	ddress.	
The agency is termina. If signing on behalf o		Sign	nature of Resigning	la f			* ** ** **
	\$	Ca FILING FEE 85.00 Ac 25.00 Ac	apacity ES: Extive limited liabiliministratively d	ility company issolved/ voluntaril liability company	y dissolved/	UL 19 PH I:25	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314