

M12000003434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

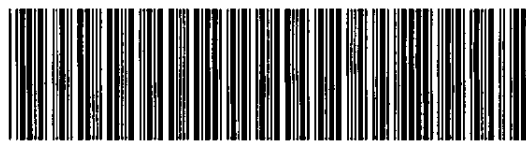
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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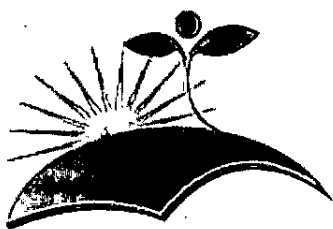
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 14 PM 12:04

OCT 28 2014
T. CARTER

LLC PA Resign

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



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Only an electronic copy is needed for our files. When possible, please return filings via email to changes@nationalcorp.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMERCE FOR A CAUSE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M12000003434

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:

Tiffany Roth
Name of Person

National Corporate Research, Ltd.
Name of Firm/Company

615 S Dupont Hwy
Address

Dover, DE 19901
City/State and Zip Code

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

For further information concerning this matter, please call:

Tiffany Roth at (866) 621-3524
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

National Corporate Research, Ltd., Inc., hereby resigns as
Name of Registered Agent

Registered Agent for COMMERCE FOR A CAUSE, LLC

Name of Limited Liability Company

M12000003434

Document Number, if known

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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:

Florence Spelzhausen

Typed or Printed Name

Assistant Secretary

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