

M/300006370

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000294607 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC
Account Number : I20090000072
Phone : (954)356-2905
Fax Number : (954)337-8346

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION GRABEN INVESTMENTS LLC

Certificate of Status	0
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Page Count	01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2014

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Corporate Filing Menu

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COVER LETTER

H140002946073

TO: Registration Section
Division of Corporations

SUBJECT: GRABEN INVESTMENTS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M13000006370

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:

Name of Person

WESTON CORPORATE ADMINISTRATION LLC

Name of Firm/Company

2225 N COMMERCE PKWY., SUITE 4

Address

WESTON, FL 33326

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUELINE F RODRIGUEZ

at (954) 389 0729

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H14000294601 J

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

WESTON CORPORATE ADMINISTRATION LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for GRABEN INVESTMENTS LLC

Name of Limited Liability Company

M13000006370

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:


Typed or Printed Name


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