m69116

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone #)	ı
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
Office Use Only		



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08/27/14--01023--003 **140.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SEP 04 ZOIS
T. LEMIEUX

APPROVED AND AND

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: RO	berg, Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	M69116
The enclosed Resignation of Register	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	ncerning this matter to the following:
Susan K. Ro	•
(Name of Pers	on)
Robin Lav	v, P.A.
(Name of Firm/Co	mpany)
1123 S. 21s	st Street
(Address)	
Hollywood, F	
(City/State and Zip	,
For further information concerning	
Susan K. Robin, Es	sq. _{at (} 305) 206-8224
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.	0502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned,	Susan K. Robin	
From Sanates, the undersigned,	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Roberg, Inc.	
• • • • • • • • • • • • • • • • • • •	(Name of Corporation)	
M69116		
(Document Number, if known)		
A copy of this resignation was mailed to the	ne above listed corporation at its last l	cnown address.
The agency is terminated and the office disthis statement is filed.	scontinued on the 31st day after the day	ate on which
<u>Susal</u> (Signal	ture of Resigning Agent)	
If signing on behalf of an entity:		
(Тух	ped or Printed Name)	_
		\mathbf{z}_{c}
		EC.
The sale of the sa	(Capacity)	UG 2: NETAR NHASS
Fee for filing t	his document:	FILED 4 AUG 27 PM 3: ECRETARY OF ST LLAHASSEE, FLO

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation