

PIO 000042113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

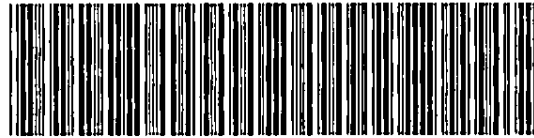
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 11 2001

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

NOT MY DAUGHTER, FIND A CURE NOW! INC.

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** P10000042113 \_\_\_\_\_

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:

DENYSE HOSTIG

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

5944 Coral Ridge Drive #307

\_\_\_\_\_  
Address

CORAL SPRINGS, FLORIDA 33076

\_\_\_\_\_  
City/State and Zip Code

TRIPLEADC@AOL.COM

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

For further information concerning this matter, please call:

DENYSE HOSTIG

954

821-7228

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

\_\_\_\_\_, hereby resigns as

Name of Registered Agent

NOT MY DAUGHTER, FIND A CURE NOW! INC.

Registered Agent for \_\_\_\_\_

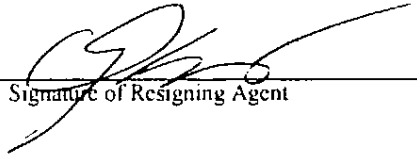
\_\_\_\_\_  
Name of Limited Liability Company

P10000042113

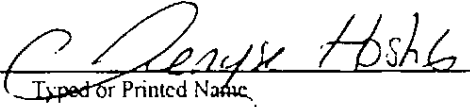
\_\_\_\_\_  
Document Number, if known

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:

  
\_\_\_\_\_  
Typed or Printed Name

  
\_\_\_\_\_  
Capacity

## **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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