

201000012516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 OCT 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2010

BUDDY D. FORD, ESQ.
BUDDY D. FORD, PA
115 NORTH MACDILL AVENUE
TAMOPA, FL 33690-1521

SUBJECT: MOBILITY PRODUCTS UNLIMITED, LLC
Ref. Number: L01000012516

We have received your document for MOBILITY PRODUCTS UNLIMITED, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE ENTITY IS A FLORIDA LIMITED LIABILITY COMPANY, NOT A FLORIDA CORPORATION. THE WRONG FORM HAS BEEN SUBMITTED. THE MONEY SUBMITTED IS BEING HELD PENDING RECEIPT OF THE CORRECTED DOCUMENT

To resign as registered agent for an active limited liability company, the enclosed resignation form should be completed and returned with a filing fee of \$85.00.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 810A00024017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mobility Products Unlimited, LLC
(Name of Corporation)

DOCUMENT NUMBER: L01000012516

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Buddy D. Ford, Esquire
(Name of Person)

Buddy D. Ford, PA
(Name of Firm/Company)

115 North MacDill Avenue
(Address)

Tampa, Florida 33609-1521
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Chaffin at (813) 877-5543
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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TALLAHASSEE, FLORIDA
22B046(08/03)

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,

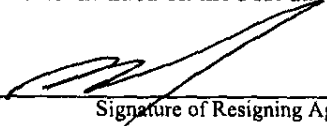
Buddy D. Ford, Esquire, hereby resigns as
Name of Registered Agent

Registered Agent for Mobility Products Unlimited, LLC
Name of Limited Liability Company

L01000012516
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:

Buddy D. Ford, Esquire
Typed or Printed Name

Capacity

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10 OCT 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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