

L14000025457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

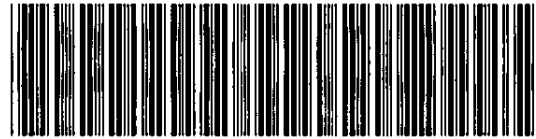
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500258370505

*Resignation
of RA*

04/09/14--01018--017 **85.00

FILED
2014 APR -9 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
4/16/14*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE OBJECT SHOP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000025457

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:

BRIAN A. ZUCKERMAN
Name of Person

THE OBJECT SHOP, LLC
Name of Firm/Company

19815 Sea Rider Way
Address

Lutz, FL 33559
City/State and Zip Code

brian@supplyguys.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian A. Zuckerman at (813) 909-8656
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

FILED
APR - 9 AM 8:57
TALLAHASSEE, FLORIDA

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

Andrew T. Oster, Jr. _____, hereby resigns as

Name of Registered Agent

Registered Agent for The Object Shop, LLC

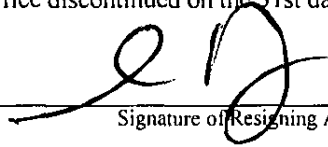
Name of Limited Liability Company

L14000025457

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.

x  _____
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**