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K. SALY EXAMINER IAY 8 2012

COVER LETTER

SUBJECT: Grasshopper, LLC Name of Limited Liability Company
Name of Limited Liability Company
DOCUMENT NUMBER: L9900004222
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:
Philip M. Lascelle
Name of Person
Name of Firm/Company
845 Tropical Circle
Address
Sarasota, FL 34242
City/State and Zip Code
plascelle@comcast.net E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Philip M. Lascelle at (941) 356-1234 Name of Person Area Code & Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 608.416(2) or 608.50	99, Florida Statutes, the undersigned	三 五 不
	Renno L. Peterson	, hereby resigns as	70000000000000000000000000000000000000
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Registered Agent for	Gra	asshopper, LLC	36
	Manager State of California	<u> </u>	
	Name of Limited Liability (Lompany	
L990	00004222		,
Document	Number, if known		•
-		imited liability company at its last k	
The agency is termina	Fermo L. to	ne 31st day after the date on which the date on the date of the da	ms statement is fried.
If signing on behalf or	f an entity:		
	Typed or Printed	Name	
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	Capacity		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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