L14000032517

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phon	ne #)		
PICK-UP WAIT	MAIL		
(Business Entity Na	me)		
(Document Number)			
Certified Copies Certificate	s of Status		
Special Instructions to Filing Officer:			





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COVER LETTER

SUBJECT:	Name of Limited	Liability	Company
DOCUMENT NUMBER:_			
		Limited	Liability Company and fee are submitted
Please return all corresponde	nce concerning this ma	tter to th	e following:
Wayne LaRue Smith			
Name o	of Person		
The Smith Law Firm			
Name of Fi	rm/Company		
509 Whitehead Street			
Ade	dress		
Key West, FL 33040			
City/State a	and Zip Code		
ChefBrecht@aol.com			
E-mail address: (to be used for	or future annual report notif	ication)	
For further information conce	erning this matter, pleas	se call:	,
Wayne LaRue Smith Name of Perso	at (305 ea Code	296-0029) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the unde	rsigned,	
The Smith Law Firm		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	328 Peacon Lane, LLC		
	Name of Limited Liability Company	,	
L14000032517			
Document	Number, if known		
-	tion was mailed to the above listed limited liability ted and the office discontinued on the 31st day after the standard of Resigning Agent		led.
If signing on behalf o	fan entity:	·	
	Wayne LaRue Smith	<u>. </u>	
	Typed or Printed Name		
-	President, The Smith Law Firm		٠.
	Capacity	 స్	

Make checks payable to Florida Department of State and mail to: Division of Corporations

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

> P.O. Box 6327 Tallahassee, FL 32314