

L00000007752

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PATRIA, L.L.C.
name

DOCUMENT NUMBER: L 00000007752

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

Please return all correspondence concerning this matter to the following:

JOHN P. LAUDENSLAGER
(Name of Person)

JOHN P. LAUDENSLAGER, PA
(Name of Firm/Company)

P O BOX 1460
(Address)

NOKOMIS FL 34274-1460
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN P. LAUDENSLAGER at (941) 485-0225
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 603.416(2) or 603.509

Florida Statutes, the undersigned, JOHN P. LAUDENSLAGEN
(Name of Registered Agent)

hereby resigns as Registered Agent for PATRIA, L.L.C.
(Name of Limited Liability Company)

60000007752
(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.

John P. Laudenslagen
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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TALLAHASSEE, FL
SECRETARY OF STATE

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314