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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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(Do	cument Number)	
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SECRETARY OF STATE
ALLI AHASSEF FLORE

Williams Banker Jan

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 5 É F LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L 01000010141
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:
Kevin D. Nelson (Name of Person)
(Name of Firm/Company)
3810 Empedrado St.
Tampa, FL 33629 (City/State and Zip Code)
For further information concerning this matter, please call:
Kein D. Nelson at (813) 835 - 8818 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

Kevin D. Nelson , hereby resigns as (Name of Registered Agent) Registered Agent for S & F, LLC
(Name of Limited Liability Company)
•
(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) (Signature of Resigning Agent)
it signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Active limited liability company
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withdrawn limited liability company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