

# L01000012160

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

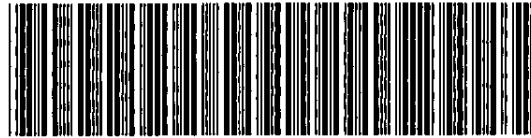
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600233026196

04/30/12--01017--017 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 30 PM 2:02

MAY -1 2012

T. HAMPTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SAT LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L01000012160

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:

Gary Walk  
Name of Person

Casey Ciklin Lubitz  
Name of Firm/Company

515 N. Flagler Drive, 20th Floor  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

gwalk@caseyciklin.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Walk at ( 561 ) 820-0314  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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 provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Gary Walk, ESQ, hereby resigns as  
Name of Registered Agent

Registered Agent for SAT, LLC  
Name of Limited Liability Company

L01000012160  
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

If signing on behalf of an entity:

Gary Walk  
Typed or Printed Name  
n/a  
Capacity

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 30 PM 2:02

### **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