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EXAMINER



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COVER LETTER

Division of Corporations
SUBJECT: SEMPER F, GROUP LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>LO 2 000000/95</u>
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:
PETER J. SHIPK Name of Person
Name of Firm/Company
Name of Firm/Company
17 TIDY SLAWS BLVD.
11441055
BRADENTON FL 34210 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 233-1688 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

Registered Agent for Semper T, Grow, LLC Name of Limited Liability Company	,
Registered Agent for SEMPER F, GROVP, LLC	,
Name of Limited Liability Company	
L0200000195	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its last known addr	ess.
The agency is terminated and the office discontinued on the 31st day after the date on which this stateme	nt is filed.
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Signature of Resigning Agent	
It signing on behalf of an entity:	3 2
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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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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