

L02000007052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

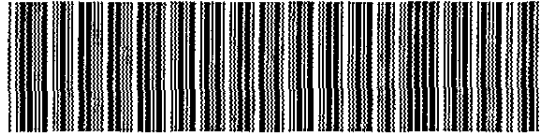
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200019151212

Resignation of
RA

06/12/03--01032--009 **610.00

RECEIVED
03 JUN 12 PM 12:08
DIVISION OF REGISTRATION

L02-7052

FILED
03 JUN 12 PM 1:41
TALLAHASSEE, FLORIDA

APR
6/12/03

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Producers, L.L.C.

1 @ 85.00
6 @ 87.50
610.00

7 Total

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

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

FILED
03 JUN 12 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Capital Connection, Inc., hereby resigns as
(Name of Registered Agent)


Registered Agent for

The Producers, L.L.C.

(Name of Limited Liability Company)

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:

Weimar Lopez for Capital Connection, Inc.
(Typed or printed name)

Registered Agent Coordinator
(Capacity)

FILING FEES:

~~\$ 85.00~~ Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company

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