

LD2000012131

(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



400049562454

04/11/05--01062--006 **85.00

FILED

05 MAY 13 PM 3:38

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

PAID 5-13-05/04



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 21, 2005

LEONARD S. ENGLANDER
P.O. BOX 1954
ST. PETERSBURG, FL 33731-1954

SUBJECT: ISLAND SORBET, LLC.
Ref. Number: L02000012131

We have received your document for ISLAND SORBET, LLC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 705A00027406

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Island Sorbet, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L02000012131

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:

Leonard S. Englander
(Name of Person)

Englander & Fischer, P.A.
(Name of Firm/Company)

721 1st Avenue North
(Address)

St. Petersburg, FL 33701
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Sanchez at (727) 898-7210
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

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,

Leonard S. Englander

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Island Sorbet, LLC

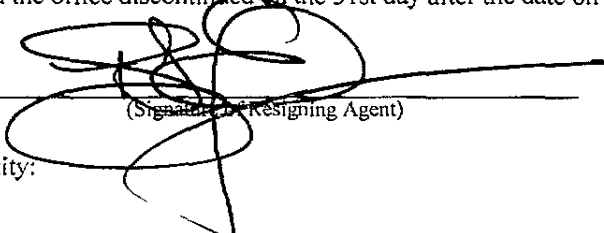
(Name of Limited Liability Company)

L02000012131

(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:

(Typed or Printed Name)

(Capacity)

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

FILED
05 MAY 13 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA