

LO2000019916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

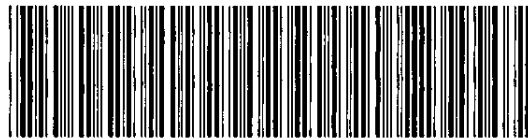
(Business Entity Name)

(Document Number)

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09 OCT 16 PM 1:45
DEPARTMENT OF STATE
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DIVISION OF CORPORATIONS
09 OCT 16 PM 3:55

R.A. Leslie
C.COULLETTE

OCT 16 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 158125 4304417

AUTHORIZATION :

COST LIMIT :

85.00

ORDER DATE : October 16, 2009

ORDER TIME : 12:13 PM

ORDER NO. : 158125-005

CUSTOMER NO: 4304417

DOMESTIC FILINGS

NAME: CLIFFORD ST. PETERSBURG, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER'S INITIALS: _____

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,

CORPORATION SERVICE COMPANY

(Name of Registered Agent)

, hereby resigns as

Registered Agent for CLIFFORD ST. PETERSBURG, LLC

(Name of Limited Liability Company)

L02000019916

(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.

Corporation Service Company

Paula S. Collins, Assistant Secretary

(Signature of Resigning Agent)

If signing on behalf of an entity: Corporation Service Company

Paula S. Collins

(Typed or Printed Name)

Assistant Secretary

(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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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