Hendry Stoner Law Firm

12:39:54 p.m. 06-29-2012

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HENDRY, STONER & BROWN, P.A.

Account Number : I20000000241
Phone : (407)843-5880
Fax Number : (407)425-7905

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sbrown@lawforflorida.com

## LLC REGISTERED AGENT RESIGNATION FORMATUS INVESTMENTS, LLC

Certificate of Status	0
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**EXAMINER** 

Hendry Stoner Law Firm

407 425 7905

06-29-2012 12:40:04 p.m.

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	FORMATUS INVESTMENTS, LLC Name of Limited Liability Company
DOCUMENT NUMBER:_	L02000032889
The enclosed Resignation of for filing.	Registered Agent for a Limited Liability Company and fee are submitted
Please return all corresponde	ence concerning this matter to the following:
G. STEV Name	EN BROWN of Person
HENDRY, STON	ER & BROWN, P.A.
20 NORTH ORANG	E AVENUE, SUITE 600
	Florida 32801and Zip Code
SBROWN@LAW E-mail address: (to be used	FORFLORIDA.COM for future annual report notification)
For further information con-	erning this matter, please call:
G. STEVEN BR Name of Pers	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,
	~
1	fame of Registered Agent
Registered Agent for	STONER & BROWN, P.A. , hereby resigns as fame of Registered Agent  FORMATUS INVESTMENTS, LLC
	Name of Limited Liability Company
L02000	——————————————————————————————————————
Document Nun	ber, if known
	was mailed to the above listed limited liability company at its last known address.  and the office discontinued on the 31st day after the date on which this statement is filed.
	Signature of Kesigning Agent
If signing on behalf of an	
	ROBERT R. HENDRY, ESQUIRE  Typed or Printed Name
	PRESIDENT Capacity

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