

L03000012888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

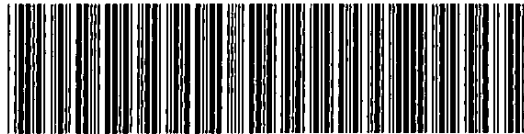
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/30/08--01005--007 **25.00

FILED
2008 JAN 30 P 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

FEB - 1 2008

EXAMINER

January 28, 2008

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE.: 920 PENN LLC
L 03000012888

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TALLAHASSEE, FLORIDA

Gentlemen:

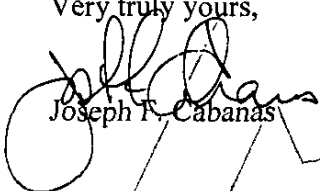
We are the Registered Agents for the company of reference. We have found out that the Resignation Form, which we sent in June of 2006, apparently was never received by you since the accompanying check has not been paid by the bank and the form has not been processed.

We are now resending the form with the request that it be filed now. We are also enclosing a check for \$25.00.

Should you have any questions, please feel free to contact the undersigned at (305) 513 3639.

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas

Attachments

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 920 PENN LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOSEPH F. CABANAS

(Contact Person)

CABANAS & ASSOC PA

(Firm/Company)

10520 NW 26 STREET, STE C-201

(Address)

DORAL, FL. 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH CABANAS

(Name of Contact Person)

at (305) 513 -3639

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

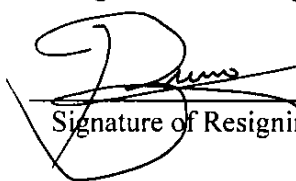
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 920 PENN LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L03000012888

4. I, BERNARDINO BRUNO, hereby resign as a MANAGING MEMBER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 6/26/06
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA