## L03000014710

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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PA lesign

TALLAHASSEE, FLORIDA

PR 19 AMII: 2

T.Reberts APR 20 2007



April 9, 2007

ALBERT J. TISEO, JR. MCKINLEY, ITTERSAGEN, GUNDERSON 21175 OLEAN BLVD PORT CHARLOTTE, FL 33952

SUBJECT: BROWNING, LLC Ref. Number: L03000014710

We have received your document for BROWNING, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 607A00023769



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## McKinley, Ittersagen, Gunderson & Berntsson, P.A.

ROBERT C. BENEDICT ROBERT H. BERNTSSON MIKO P. GUNDERSON SCOTT D. ITTERSAGEN MICHAEL R. McKINLEY ALBERT J. TISEO, JR. JOHN L. WIDEIKIS CHEYENNE R. YOUNG

21175 OLEAN BOULEVARD PORT CHARLOTTE, FLORIDA 33952-6706 (941) 627-1000 TELEFAX (941) 255-0684

& E-MAIL

ATiseo@migblaw.com

1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FLORIDA 34223-4949 (941) 474-7713 TELEFAX (941) 474-8276

Reply To: E-MAIL

Port Charlotte

April 2, 2007

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

**Browning LLC** 

Dear Sir/Madam:

Enclosed please find my Resignation and check for \$87.50 to with draw as Registered Agent for the above referenced corporation.

Thank you in advance.

Very truly your

AJT/hrt encs.

cc:

client

ALBERT I. ZISEO, JR.

## **COVER LETTER**

SUBJECT:	BROWNING, LLC (Name of Corporation)	<u> </u>
DOCUME	NT NUMBER: L03000014710	
	·	
The enclose	ed Resignation of Registered Agent for a Corporation a	nd fee are submitted for filing.
Please retur	n all correspondence concerning this matter to the following	owing:
ALBERT	J. TISEO, JR.	
	(Name of Person)	
McKINLE	Y, ITTERSAGEN, GUNDERSON	
	(Name of Firm/Company)	
21175 OL	EAN BLVD.	
	(Address)	
PORT CH	ARLOTTE, FL 33952	
	(City/State and Zip Code)	
For further i	information concerning this matter, please call:	
	J. TISEO, JR.	7-1000 time Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED $F_{//F_{\infty}}$
LIABILITY COMPANY
RESIGNATION OF REGISTERED AGENT FOR A LIMITED  LIABILITY COMPANY  PALLANARY OF AMILIANIA AMILIAN
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, $APR_{19}$ $AR_{1/2}$ $AR_{1/2}$ Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, $APR_{19}$ $AR_{1/2}$ Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, $APR_{19}$ $AR_{1/2}$ Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
ALBIRIT TISED TR hereby resigns as
(Name of Registered Agent), hereby resigns as
RA July 11
Registered Agent for DEUWNIOO, LLC
,
(Name of Limited Liability Company)
L03000014710
(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)
vegistered asent
(Сарасну)

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

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company