

L030000017992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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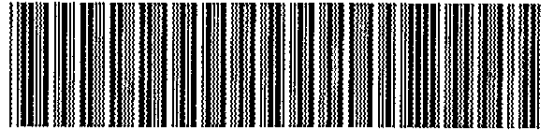
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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GEORGE B. WALLACE, ESQ., P.A.
ATTORNEY AT LAW
700 W. FIRST STREET
SANFORD, FLORIDA 32771

(407) 323-3660

FAX (407) 323-2475

February 18, 2004

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Safari, LLC

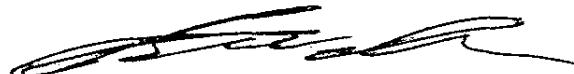
Dear Sir or Madam:

In reference to the above-captioned matter, enclosed please find an original Resignation of Registered Agent for a Limited Liability Company, which we enclosed with a check in the amount of \$87.50, representing the required filing fee.

Please do not hesitate to call if you have any questions concerning this or require anything further. Thank you for your assistance in this matter.

Very truly yours,

GEORGE B. WALLACE, ESQ., P.A.



George B. Wallace, Esquire

Enclosures

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,

Jack J. Kaplan

, hereby resigns as

(Name of Registered Agent)

Registered Agent for Safari, LLC

(Name of Limited Liability Company)

L03000017992

(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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