# [D3000)4571

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #	)	
PICK-UP WAIT	MAIL	
•	:	ė,
(Business Entity Name)	•;	; )
	k •	, .
:- ' (Document Number)	\$ !	1
Certified Copies Certificates of	Status	::

Special Instructions to Filing Officer:

## L. SELLERS

OCT 18 2009

## **EXAMINER**

Office Use Only



800161433098

10/09/09--01051--004 \*\*25.00

FILED 99 001 -9 AM 8:

#### **COVER LETTER**

Division of Corporations
SUBJECT: Smith & Perkins In Restments, LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>20300002157</u> /
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
1.A. Perkins Name of Person  So Buckinghan Doolittle: Broughs, UP Name of Firm/Company  5355 Town Center Rd., Ste 900  Address
Box o Paton, PL 33486 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1.A. Person at (SUI) SOY-7742  Area Code & Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO: Amendment Section

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,
Lee-Anne Perkins , hereby resigns as
Name of Registered Agent
Registered Agent for <u>Smith: Perkins Investments, LLC</u>
Name of Limited Liability Company
L0300002157/ 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

**FILING FEES:** 

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withdrawn limited liability company \$ 85.00 \$ 25.00

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