

103000041044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

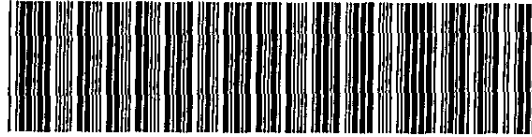
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300042465723

11/09/04--01036--015 **65.00

FILED
04 NOV 12 AM 8:23
CLERK OF STATE
OF THE DISTRICT OF COLUMBIA

103000041044 OK
11-12-04 RARS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLEET GARD OF TAMPA BAY, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L03000041044

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:

DONANNE SWISHER
(Name of Person)

FLEET GARD OF TAMPA BAY, LLC
(Name of Firm/Company)

13131 56TH COURT
(Address)

CLEARWATER, FL 33760
(City/State and Zip Code)

For further information concerning this matter, please call:

DONANNE SWISHER at (727-) 573-5823
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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,

BRENDEN STOEBERL

(Name of Registered Agent)

, hereby resigns as

Registered Agent for FLEET GARD OF TAMPA BAY, LLC

(Name of Limited Liability Company)

LD3000041044

(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.

Brenden Stoeberl

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
 04 NOV 12 AM 8:23
 DIVISION OF STATE
 CORPORATIONS
 TALLAHASSEE, FL

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