

204000001960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

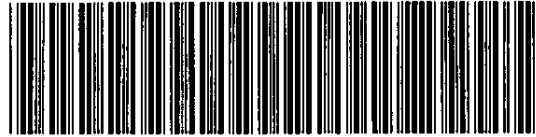
(Business Entity Name)

(Document Number)

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06/01/16--01024--001 **345.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF
CORPORATE
FINANCIAL
REGISTRATION

16 JUN - 1 AM 11:28

NOT INTENDED
FOR ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

2016 JUN - 1 A 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2016

WARREN
MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRB MANAGEMENT COMPANY, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L04000001960

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:

Charles L. Cooper, Jr.

Name of Person

Bryant Miller Olive P.A.

Name of Firm/Company

101 N. Monroe St., Ste 900

Address

Tallahassee, FL 32301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Bailey

at (850)

222-8611

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Charles Cooper

Name of Registered Agent

, hereby resigns as

Registered Agent for SRB MANAGEMENT COMPANY, LLC

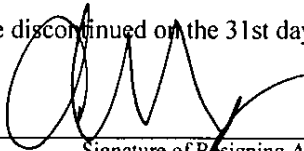
Name of Limited Liability Company

L04000001960

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

FILED
2015 JUN - 1 A 10:07
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