

W04000005210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

W04-5210

(Document Number)

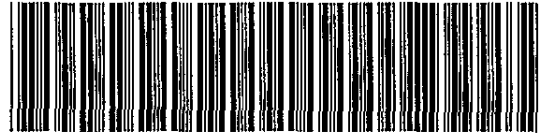
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M. HODGES

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Panhandle Investigations, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Kenner  
(Name of Person)

Panhandle Investigations, LLC  
(Firm/Company)

P. O. Box 1097  
(Address)

Santa Rosa Beach, FL 32459  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Kenner at ( 850 ) 267-4524  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Lisa M. Kenner, hereby resign as Manager  
(Title)  
of Panhandle Investigations, LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,  
and affirm that the limited liability company has been notified in writing of the resignation.

*Lisa M. Kenner*  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

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

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA