

LO4000007768

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO4-7768  
CFL



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 15, 2005

STEPHEN HOCKMANN  
745 OVERIVER DR.  
FORT MYERS, FL 33903

SUBJECT: STEPHAN L HOCKMANN LLC  
Ref. Number: L04000007768

We have received your document for STEPHAN L HOCKMANN LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 605A00067584

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STEPHAN L. HOCKMANN LLC  
(Name of Limited Liability Company)  
**DOCUMENT NUMBER:** 20400007768

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:

STEPHAN L. HOCKMANN  
(Name of Person)  
NEED A CAB  
(Name of Firm/Company)  
745 OVERIVER DR  
(Address)  
No. Ft. Myers FL 33903  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KATHLEEN KIRKPATRICK at 239, 995 2675  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Kathleen Kirkpatrick, hereby resigns as  
(Name of Registered Agent)

Registered Agent for STEPHAN L HOCKMANN LLC

(Name of Limited Liability Company)

LO400000 7768  
(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.

Kathleen Kirkpatrick  
(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

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### 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