

L04000012661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

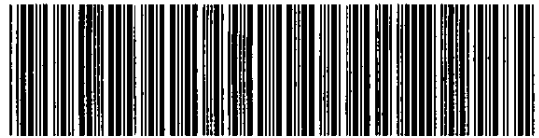
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
09 Dec 25 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
01/28/10
TK

ROBINS, KAPLAN, MILLER & CIRESI L.L.P.

SUITE 201
711 FIFTH AVENUE SOUTH
NAPLES, FL 34102-6628
TEL: 239-430-7070 FAX: 239-213-1970
www.rkmc.com

ATTORNEYS AT LAW

MICHAEL J. VOLPE
239-213-1962
MJVolpe@rkmc.com

January 20, 2010

Division of Corporations
Amendment Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: Imperial Alligator, LLC; Document No. L04000012661;
Our File No.: 100376.0000

Dear Sir or Madame:

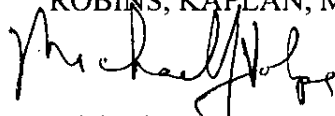
Enclosed you will find the Resignation of Registered Agent form, together with my law firm's check made payable to your order in the amount of \$85.00 regarding Imperial Alligator, LLC.

If you should have any questions, please don not hesitate to contact me.

Thank you.

Very truly yours,

ROBINS, KAPLAN, MILLER & CIRESI L.L.P.



Michael J. Volpe

MJV/amw
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Imperial Alligator, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000012661

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:

John T. Mahoney, III
Name of Person

Imperial Alligator, LLC
Name of Firm/Company

100 Pearl Street
Address

Bridgewater, MA 02324
City/State and Zip Code

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

For further information concerning this matter, please call:

John T. Mahoney, III at (508) 697-9000
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

Michael J. Volpe

Name of Registered Agent

, hereby resigns as

Registered Agent for Imperial Alligator, LLC

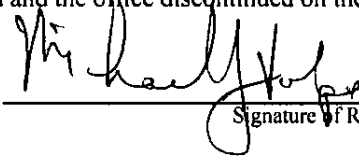
Name of Limited Liability Company

L04000012661

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

APPROVED
AND
FILED
09 JUN 25 AM 10:02
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