## 040000022878

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J. BRYAN

SEP - 8 2011

**EXAMINER** 

## **COVER LETTER**

SUBJECT: Thunde	erflower, LLC ited Liability Company
Name of Lim	
DOCUMENT NUMBER:	L04000022878
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted
Please return all correspondence concerning thi	s matter to the following:
Dean J. Trantalis, Esq.	
Name of Person	
Trantalis Law Offices Name of Firm/Company	—————————————————————————————————————
2255 Wilton Drive	ASSEE, FLORING
Wilton Manors, FL 33305 City/State and Zip Code	FLORIDE STATE
E-mail address: (to be used for future annual report For further information concerning this matter,	,
Brian R. French at	( 954 ) 566-2226 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Floridaliability company or \$25.00 for an administrative limited liability company.	a Department of State for \$85.00 for an active limited vely dissolved, voluntarily dissolved or withdrawn

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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 provision	s of section 608.416(2) or 608.509,	, Florida Statutes, the undersigned,	
De	ean J. Trantalis, Esq.	, hereby resigns as	
	Name of Registered Agent	• •	
Registered Agent for	Thund	derflower, LLC	_
	Name of Limited Liability Con	ompany	,
L04000			
Document Nur	nber, if known		
A copy of this resignation	n was mailed to the above listed lim	nited liability company at its last known addres	SS.
The agency is terminated	and the office discentinued on the	31st day after the date on which this statement	t is filed.
If signing on behalf of an	entity: DEAN J. TRANTAL	SECRE SECRE	3 1
	Typed or Printed N	Name SSA	L M
	Capacity	FLORIDA	至二:58

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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