

L04000062862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

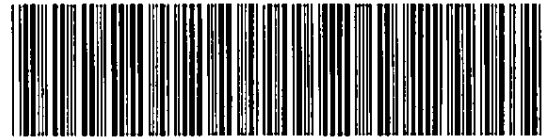
(Business Entity Name)

(Document Number)

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STATE DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

MAY 29 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMM INVESTMENTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000062862

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:

DONNA L LONGHOUSE
Name of Person

ALLEN DELL PA
Name of Firm/Company

202 S ROME AVE STE 100
Address

TAMPA FL 33606
City/State and Zip Code

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

For further information concerning this matter, please call:

DONNA L LONGHOUSE at (813) 223-5351
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Donna L Longhouse hereby resigns as
Name of Registered Agent

Registered Agent for SAMM Investments LLC
Name of Limited Liability Company

L04000062862
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.

Donna L Longhouse
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
22R MAY 25 AM 6:12
DEPT. 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withdrawn limited liability company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