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(((H080002535373)))



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To:

Division of Corporations

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From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Account Number : 076077003231

Phone : (561)650-0471

Fax Number : (561)650-0431

REGISTERED AGENT RESIGNATION

SISEMEN MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corp

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/10/2008

NO.	7780_	_p.	4		

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.4160	(2) or 608.509, Florida Stat	utes, the undersigned,		
Jones Foster Service, LLC	, hereby resigns as			
(Name of Registered Age				
Registered Agent for Sisemen Mana	gement, LLC	,		
(Nema of Lin	nited Liability Company)	 .		
(14mmo or Dil	mas calonity company)			
L04000071042				
(Document Number, if known)				
A copy of this resignation was mailed to the a	bove listed limited liability	сопраду at its last known addi	ress.	
The agency is terminated and the office disco	ntinued on the 31st day after	er the date on which this stateme	ant is filed.	
	de			
	(Signature of Resigning Agent)	, ,		
If signing on behalf of an entity:			8	
Larry B. Alexa	ander		3 3	.1250PF.
	Typed or Printed Name)	**************************************	5	ermann Afri
Manager			<u> </u>	京Male (M.) 製 中
	(Capacity)	· w· \$	學 圣	
		পা; •		-
		-459 711	2:07	
<u>FILING</u> \$ 85.00 \$ 25.00	Active limited liability	ed/voluntarily dissolved/	運 つ	

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

INHS17 (08/05)