

LDH000073151

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

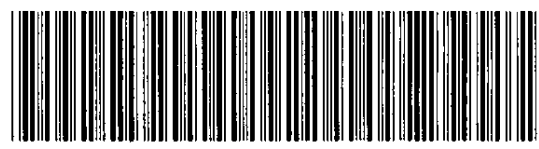
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

MAY 21 2009

**EXAMINER**



200155520352

05/20/09--01004--001    \*\*25.00

09 MAY 20 PM 3:52  
DIVISION OF STATE  
INCORPORATION

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Andy Durham, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000073151

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:

Patricia J Durham  
Name of Person

Andy Durham LLC  
Name of Firm/Company

321 Smith Road  
Address

Apalachicola, FL 32320  
City/State and Zip Code

adurham@mchsi.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Durham at ( 850 ) 653-2450  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Selena Phipps

Name of Registered Agent

, hereby resigns as

Registered Agent for

Andy Durham, LLC

Name of Limited Liability Company

L04000073151

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.

Selena Phipps

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

### FILING FEES:

|          |  |
|----------|--|
| \$ 85.00 | Active limited liability company   |
| \$ 25.00 | Administratively dissolved/voluntarily dissolved/<br>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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY 20 PM 3:52