

L04000077513

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Resign.

D. CONNELL DEC 23 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Old Dixie Partners, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000077513

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Effective December 31, 2009.

Please return all correspondence concerning this matter to the following:

Timothy J. Conner, Attorney  
Name of Person

Conner Bosch Law, P.A.  
Name of Firm/Company

4488 North Oceanshore Blvd.  
Address

Palm Coast, FL 32137  
City/State and Zip Code

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

For further information concerning this matter, please call:

Timothy J. Conner, Attorney at ( 386 ) 445-9322  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Rich Smith (Effective December 31, 2009)

Name of Registered Agent

, hereby resigns as

Registered Agent for Old Dixie Partners, LLC

Name of Limited Liability Company

L04000077513

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:

Rich Smith

Typed or Printed Name

\_\_\_\_\_  
Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

