

L04000091811

Capital Connection
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

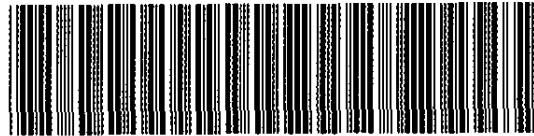
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300224047813

03/15/12--01001--008 **25.00

RECEIVED
12 MAR 14 PM 3:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 MAR 14 AM 9:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR 15 2012
EXAMINER

Capital Connection

Requester's Name

P.O. Box 10349

Address

Tallahassee, FL 32302

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
12 MAR 14 AM 9:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Examiner's Initials

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,

CAPITAL CONNECTION, INC. hereby resigns as
(Name of Registered Agent)

Registered Agent for STOR ALL EQUITY
MANAGEMENT, LLC
(Name of Limited Liability Company)

L040000 91811
(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.

Barbara Neeley
(Signature of Resigning Agent)

If signing on behalf of an entity:

CAPITAL CONNECTION, INC.
(Typed or Printed Name)
President
(Capacity)

FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

FILED
12 MAR 14 AM 9:00
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314