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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

SUBJECT:\_

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RUGER LANE, LLC Name of Limited Liability Company

#### L05000011663 DOCUMENT NUMBER:

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:

Name of Person

CARL G. SANTANGELO & ASSOC., PA Name of Firm/Company

3000 North Federal Highway, Bldg 2 Address

FORT LAUDERDALE, FL 33306 City/State and Zip Code

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

For further information concerning this matter, please call:

<u>954</u> Area Code & Daytime Telephone Number herr at ( Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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# **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,

	IS OF Section 608.416(2) or 608.509, Florida Statutes, the undersigned,		
	RL G. SANTANGELO, hereby resigns as Name of Registered Agent		
Registered Agent for	RUGER LANE, LLC		
	Name of Limited Liability Company	<u></u>	
L05000			
Document Nun	n was mailed to the above listed limited liability company at its last know	in address	
The agency is terminated If signing on behalf of an	and the office discontinued on the 31st day after the date on which this standard signature of Resigning Agent entity:	tatement is fil	ed.
-	Typed or Printed Name	09 JUL 2	ALCAHA PH
	Capacity <b>FILING FEES:</b> <b>\$ 85.00</b> Active limited liability company <b>\$ 25.00</b> Administratively dissolved/ voluntarily dissolved withdrawn limited liability company	09 JUL 23 PH 2: 23	AT OF STATE
	Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		

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