

# LD5000028241

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000247011 3)))



H110002470113ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BEGGS & LANE  
Account Number : I20020000155  
Phone : (850) 432-2451  
Fax Number : (850) 469-3331

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 OCT 12 AM 8:01

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
POYDRAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

J. SAULSBERRY  
EXAMINER

OCT 13 2011

RECEIVED  
11 OCT 12 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(( H11000247011 3 )))

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Poydras, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000028241

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:

David A Brannen  
Name of Person

Name of Firm/Company

40 S. Palafox Place, Suite 500  
Address

Pensacola, FL 32502  
City/State and Zip Code

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

For further information concerning this matter, please call:

Clifford Mowe at ( 850 ) 432-6301  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2011 OCT 12 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(( H11000247011 3 )))

(( ( H11000247011 3 ) ) )

**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,

Beggs & Lane, RLLP, hereby resigns as  
Name of Registered Agent

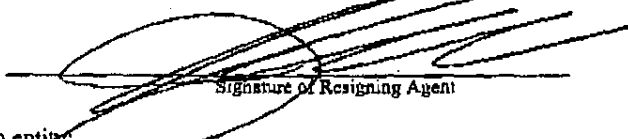
Registered Agent for Poydras, LLC  
Name of Limited Liability Company

L05000028241  
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.

If signing on behalf of an entity:

  
Signature of Resigning Agent  
James S. Campbell  
Typed or Printed Name  
Firm Partner  
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

INHS17 (08/05)

FILED  
2011 OCT 12 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(( ( H11000247011 3 ) ) )