

L050000062719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10 MAY 27 PM 4:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

Roberts MAY 28 2010

9.

Name of Limited Liability Company

L05000062719

Please return all correspondence concerning this matter to the following:

Byron G Ellison

Name of Firm/Company

2962 NW 60th St

Ft Lauderdale, FL 33309

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

Byron Ellison

at (954) 582-5256

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,

Byron G. Ellison

Name of Registered Agent

, hereby resigns as

Registered Agent for

Production Management, LLC

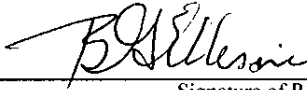
Name of Limited Liability Company

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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:

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withdrawn limited liability company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