

LO5000063838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

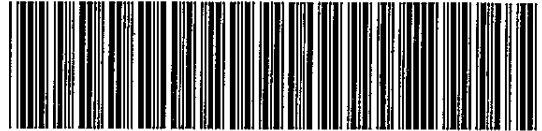
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TALLAHASSEE, FLORIDA

N. Culligan DEC - 5 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 11495 66th ST. N., LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: 205000063838

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:

Clide M Forte
(Name of Person)

(Name of Firm/Company)

11192 Harborside Dr.
(Address)

Largo FL 33773
(City/State and Zip Code)

For further information concerning this matter, please call:

Clide M Forte at (727) 431-4272
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MARGA R. SHEFMAN, hereby resign as MANAGING MEMBER
(Title)
of 11495 66th ST. N., LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA
and affirm that the limited liability company has been notified in writing of the resignation.

Marga R. Shefman
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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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