Florida Department of State

Division of Corporations Public Access System

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.

(((H08000240667 3)))



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)617-6380

From:

Account Name : GRAY ROBINSON, P.A.

Account Number : 075154001651 Phone : (321)727-8100

Fax Number (321)984-4122

REGISTERED AGENT RESIGNATION

STICK SAVE ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87,50

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

(((HOBOO0240667 3)))

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	s of section 608.416(2) or Tacobus	608.509, Flo	rida Statutes, the under	7/3	12 C
	(Name of Registered Agent)			_	300 B
Registered Agent for	Stick S	ave	Enterpris	es, LLC	- 5.5.5 is
	•		·		1000
	(Name of Limited)	Liebility Compa	ny)		
100000		500	00759	60	
(Document Number	r, if known)				
A copy of this resignation	n was mailed to the above	listed limited	llability company at it	s last known addres:	
The agency is terminated	and the office discontinu	ed on the 31st	day after the date on \	which this statement	is filed.
			•		
		2			
	A STATE OF THE PARTY OF THE PAR	alure of Resign	ng Agent)	•	
	entity:				
If signing on behalf of an					
If signing on behalf of ar					
If signing on behalf of ar		or Printed Name))		

Active limited liability company
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withdrawn limited liability company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)