

LO5000098310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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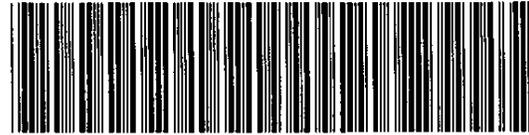
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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T. HAMPTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SFA Management LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** LD 5000098310

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:

PETER J. SHIRK  
Name of Person

NONE  
Name of Firm/Company

17 TIDY ISLAND BLVD.  
Address

BRADENTON FL 34210  
City/State and Zip Code

pshirk@Tampabay.tv.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: .

PETER SHIRK at ( 941 ) 232-5688  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 JUL 30 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 10, 2012

PETER J SHIRK  
17 TIDY ISLAND BLVD  
BRADENTON, FL 34210

SUBJECT: SFA MANAGEMENT, LLC  
Ref. Number: L05000098310

We have received your document for SFA MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 112A00018472

# 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,

PETER J. SHIRK, hereby resigns as  
Name of Registered Agent

Registered Agent for SFA MANAGEMENT, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L 05000098310  
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

FILED  
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DIVISION OF CORPORATIONS  
12 JUL 30 PM 3:53