

L 65000110860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

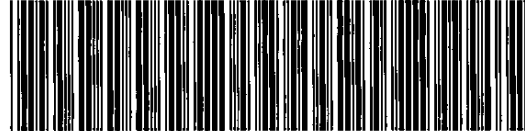
(Business Entity Name)

(Document Number)

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*RA Resign  
Tleup*

FILED  
2006 JUL 20 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
06 JUL 20 PM 4:13  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ONE SPHYRNA LLC  
(Name of Limited Liability Company)

DOCUMENT NUMBER: LDS000110860

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:

~~JERRY~~ JERRY ROGERS  
(Name of Person)

ONE SPHYRNA LLC  
(Name of Firm/Company)

4860 SIX OAKS  
(Address)

TALLAHASSEE FL 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTON HADDUCK at ( 850 ) 933-1424  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED  
2006 JUL 20 PM 4:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

JERRY ROGERS  
(Name of Registered Agent)

Registered Agent for

ONE SPHYRNA LLC

(Name of Limited Liability Company)

L05000110860

(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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

JERRY ROGERS  
(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