

L06000016118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

AUG 26 2009

EXAMINER

Office Use Only



300159216433

08/05/09--01016--015 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 24 PM 1:25

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2009

MATTHEW A BROWN
4920 WEST CYLPRESS STREET #104
TAMPA, FL 33607

SUBJECT: ONLINE OUTPOST LLC.
Ref. Number: L06000016118

We have received your document for ONLINE OUTPOST 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 809A00027222

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ONLINE OUTPOST LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO6000016118

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:

MATTHEW BROWN
Name of Person

Name of Firm/Company

4920 WEST CYPRESS ST #104
Address

Tampa, FL 33607
City/State and Zip Code

MDEAN@GROWTHTECHNOLOGIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL DEAN at (813) 470-7094 X216
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

MATTHEW A BROWN, hereby resigns as
Name of Registered Agent



Registered Agent for ONLINE OUTPOST LLC
Name of Limited Liability Company

L 06000016118
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.

If signing on behalf of an entity:


Signature of Resigning Agent

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

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TALLAHASSEE, FLORIDA