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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
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| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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J. BRYAN

JUL 31 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2012

1 × 1 × 1 × 1

PETER J. SHIRK 17 TIDY ISLAND BLVD. BRADENTON, FL 34210

SUBJECT: SEMPER FI CARTAGE, LLC

Ref. Number: L06000021985



We have received your document for SEMPER FI CARTAGE, 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):

You completed the wrong form

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 812A00018427

COVER LETTER

| Division of Corporations | | | |
|--|-------------------------------|----------------------|-------|
| SUBJECT: SEMPER F, CARTAGE LLC Name of Limited Liability Company | | | |
| DOCUMENT NUMBER: LOGOBOO 21985 | | | |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing. | ee are su | bmitte | d |
| Please return all correspondence concerning this matter to the following: | | | |
| Name of Person Name of Person Name of Firm/Company 17 TIDLY SLAND BLVD. Address BRADENTON FL 34210 City/State and Zip/Code PShirk O Tampubay. Nr. Com E-mail address: (to be used for future annual seport notification) | SECRETARY OF STALLAHASSEE, FL | 2912 JUL 30 PH 4: 21 | FILED |
| E-mail address: (to be used for future annual report notification) | 爱艺 | _է ։ շլ | |
| For further information concerning this matter, please call: | | - | |
| PETER SHIER at (941) 232-5688 Name of Person Area Code & Daytime Telephone Num | nber | | |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

- 1- 1 7.1

TO: Amendment Section

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

| Pursuant to the provisions | | | a Statutes, the unde | ersigned, | | |
|------------------------------|------------------------|-------------------------|----------------------|----------------|---------------|----------|
| PETER | J. SHIM | CK. | , hereby res | igns as | | |
| N | ame of Registered Agen | | , , , | | | |
| Registered Agent for | SEMPER | F, CART | NGE, LUC | - | | _ |
| | Name of Lim | ted Liability Company | | | | _, |
| L060000 | 21985 | | | | | |
| Document Numb | er, if known | | | | | |
| A copy of this resignation | was mailed to the al | pove listed limited lia | ability company at | its last knowr | ı address. | , |
| The agency is terminated a | nd the office discor | ntinued on the 31st da | y after the date on | which this st | atement i | s filed. |
| | (P3) | ni. | | | | |
| _ | | Signature of Resigning | Agent | Z | 146 | |
| If signing on behalf of an e | entity: | | | FAR | 1912 JUL 30 | |
| | | | | 22 | 30 | |
| _ | Т | ped or Printed Name | | | - P | |
| _ | | Capacity | | | 4 4: 2 | O |
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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