

206000038277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

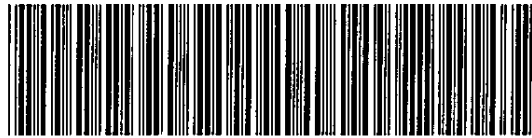
(Business Entity Name)

(Document Number)

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06/29/09--01005--013 **25.00

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09 OCT - 9 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D/S



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2009

ROBBIE KAMINSKI
350 WINDERMERE AVENUE
EUSTIS, FL 32727

SUBJECT: PROTOTEK. LLC
Ref. Number: L06000038277

We have received your document for PROTOTEK. LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$60.00.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 309A00022999

RECEIVED
OCT -8 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Prototek LLC
Name of Limited Liability Company

SUBJECT: Prototek LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000038277

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:

Robbie Kaminski
Name of Person

Name of Firm/Company

350 Windermere Ave
Address

Eustis FL 32726
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robbie Kaminski at (352) 735-5908
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Jacqueline M May

Name of Registered Agent

, hereby resigns as

Registered Agent for

Prototek LLC

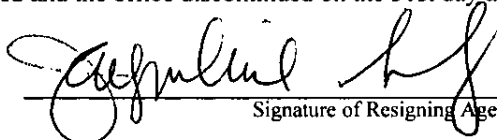
Name of Limited Liability Company

L06000038277

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

09 OCT -9 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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