

LD6000038588

(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:

Office Use Only



700227858887

04/13/12--01029--022 **85.00

FILED
12 APR 13 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 16 2012
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLICKREPORT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000038588

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:

Richard A. Jacobson
Name of Person

Fowler White Boggs P.A.
Name of Firm/Company

501 E. Kennedy Blvd., Suite 1700
Address

Tampa, Florida 33602
City/State and Zip Code

jacobson@fowlerwhite.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard A. Jacobson at (813) 222-1159
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Richard A. Jacobson

Name of Registered Agent

, hereby resigns as

Registered Agent for

CLICKREPORT LLC

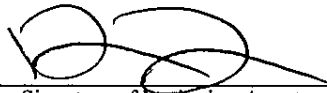
Name of Limited Liability Company

L06000038588

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
12 APR 13 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA