

L06000045830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

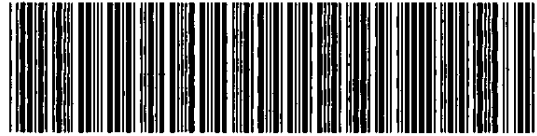
(Business Entity Name)

(Document Number)

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FILED
2010 JAN 19 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 20 2010

EXAMINER

JACQUELYN M. SHANNON, P.A.
Attorney at Law

9160 Oakhurst Road, Suite 3
Seminole, FL 33776-2157

Telephone: (727) 596-7100
Fax: (727) 596-7474

January 13, 2010

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Resignation of Registered Agent for IRB Development, LLC

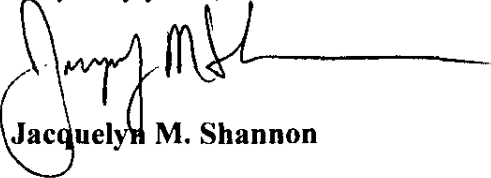
Dear Sir or Madam:

Enclosed please find a signed and completed Resignation of Registered Agent for the above-referenced *limited liability company* that was administratively dissolved on September 25, 2009. Also enclosed is our check in the amount of \$25.00, representing the filing fee for the Resignation.

Please process the Resignation, and revise your records to reflect that I am no longer the Registered Agent for IRB Development, LLC.

Should you have any questions, or need additional information to comply with the request, please don't hesitate to contact us at the telephone number set forth above. Thank you for your assistance.

Very truly yours,



Jacquelyn M. Shannon

JMS:bse/Enc.

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,

Jacquelyn M. Shannon, hereby resigns as
Name of Registered Agent

Registered Agent for IRB Development, LLC
Name of Limited Liability Company

LO6000045830
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.

Jacquelyn M. Shannon
Signature of Resigning Agent

If signing on behalf of an entity:

Jacquelyn M. Shannon
Typed or Printed Name
RA
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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