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# L06000052681

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.  
Account Number : I20040000173  
Phone : (407) 298-4646  
Fax Number : (407) 297-0588

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JAN 23 AM 9:35

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2008 JAN 23 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## REGISTERED AGENT RESIGNATION

APOPKA PROPERTIES, LLC

Certificate of Status	0
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Apopka Properties, LLC

(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L06000052681

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:

**James K. Duerr, CPA**

(Name of Person)

**Small Business Resources USA, Inc.**

(Name of Firm/Company)

**1601 Park Center Dr., Ste. 6A**

(Address)

**Orlando, FL 32835**

(City/State and Zip Code)

For further information concerning this matter, please call:

**James K. Duerr, CPA**

(Name of Person)

at ( 407 ) 298-4646

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,  
Small Business Resources USA, Inc., hereby resigns as  
(Name of Registered Agent)

Registered Agent for Apopka Properties, LLC

(Name of Limited Liability Company)

L06000052681

(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:

James K. Duerr, CPA

(Typed or Printed Name)

President

(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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