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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2008

MARY ANN PIAZZA STRANG, OLSEN & LYNCH, CPAS, P.A. 103 W. MARION AVE. PUNTA GORDA, FL 33950

SUBJECT: GATOR TRAILERS & HITCHES, LLC

Ref. Number: L06000066761

We have received your document for GATOR TRAILERS & HITCHES, 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):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6911.

Letter Number: 008A00036432

Brenda Tadlock Senior Section Administrator

COVER LETTER

SUBJECT: GATOR TRAILERS & HITCHES, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L06000066761
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:
MARY ANN PIAZZA (Name of Person)
STRANG, OLSEN & LYNCH, CPAs, P.A. (Name of Firm/Company)
103 W MARION AVENUE
(Address)
PUNTA GORDA, FL 33950 (City/State and Zip Code)
For further information concerning this matter, please call:
MARY ANN PIAZZA at (941) 639-0888 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	s of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	ı
	N & LYNCH, CPAs, P.A., hereby resigns as (Name of Registered Agent)	
Registered Agent for	GATOR TRAILER & HITCHES, LLC	
<u> </u>	(Name of Limited Liability Company)	,
L06000066761 (Document Number	r, if known)	
0	was mailed to the above listed limited liability company at its last k	
The agency is terminated	and the office discontinued on the 31st day after the date on which the state of Resigning Agent)	SION OF L
If signing on behalf of an	entity:	RPORA RPORA
	STRANG, OLSEN & LYNCH, CPAS, P.A. (Typed or Printed Name)	PM 1:07
	PARTNER (Canacity)	

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company
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