

LG 000067662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

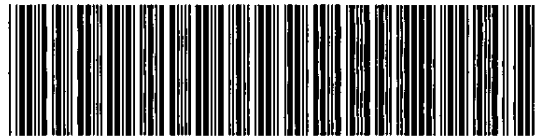
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900160277099

09/08/09--01017--026 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2609 SEP - 8 PM 12:12

FILED

T. CLINE

SEP - 9 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harris Mercer Stephan and Schert LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000067662

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 P. Stephan
Name of Person

Harris Mercer Stephan and Schert LLC
Name of Firm/Company

4631 NW 53rd Avenue, Suite 104
Address

Gainesville, FL 32653 US
City/State and Zip Code

mpstephan@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary P. Stephan
Name of Person

at (352) 373-5389
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2009 SEP -8 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

John D. Schert

Name of Registered Agent

, hereby resigns as

Registered Agent for Harris Mercer Stephan and Schert LLC

Name of Limited Liability Company

L06000067662

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:

John D. Schert

Typed or Printed Name

Registered Agent

Capacity

FILED
2009 SEP -8 PM 12:12
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