

L060000069590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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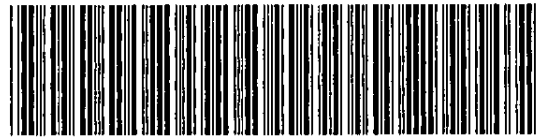
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 05 2012

EXAMINER

EMMANUEL, SHEPPARD & CONDON

ATTORNEYS AT LAW

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PENSACOLA, FLORIDA 32591-1271

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A. G. CONDON, JR., 1934-2011

*BOARD CERTIFIED REAL ESTATE LAWYER **BOARD CERTIFIED CONSTRUCTION LAWYER ***BOARD CERTIFIED CIVIL TRIAL LAWYER

August 27, 2012

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

Subject: Appraisal Professionals, LLC
Document No: L06000069590

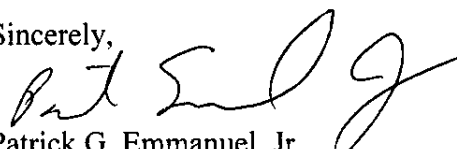
Ladies & Gentlemen:

Enclosed is the original Resignation of Registered Agent for a Limited Liability Company submitted for filing, for the above referenced dissolved entity. Please return all correspondence concerning this matter to the following:

Patrick G. Emmanuel Jr.
Emmanuel Sheppard & Condon
30 S. Spring Street
Pensacola, FL 32502

For further information concerning this matter, please call Patrick G. Emmanuel Jr. at (850) 433-6581. Also enclosed is our check made payable to the Florida Department of State for \$25.00, representing the filing fee for a dissolved entity. If you have any questions or concerns, please contact this office at (850) 433-6581.

Sincerely,


Patrick G. Emmanuel, Jr.
For the Firm

RGE:lab

CP:01522-105771Doc# 79

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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,

Kevin D. Nelson

Name of Registered Agent

, hereby resigns as

Registered Agent for APPRAISAL PROFESSIONALS, LLC

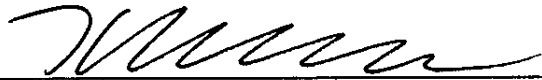
Name of Limited Liability Company

L06000069590

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

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AND
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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