

LOG 000076462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. THOMAS

OCT - 8 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERSTATE STORM PROTECTION LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: LC06000076462

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:

OWEN MATHEWS

(Name of Person)

INTERSTATE STORM PROTECTION

(Name of Firm/Company)

402 W. OAK ST.

(Address)

ALCAOLA FL. 34266

(City/State and Zip Code)

For further information concerning this matter, please call:

OWEN MATHEWS

(Name of Person)

at (941) 234-7845

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO WHOM IT MAY CONCERN

9-28-8

I HAVE ALREADY PAID YOU AN \$95⁰⁰ FEE FOR AN
INCORRECT FILING FEE. YOU DID NOT RETURN MY
CHECK, SO I ^{AM} ~~AM~~ ~~AM~~ EXPECTING ~~AM~~ A \$60 REFUND.

D. MATHEWS

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: INTERSTATE STORM PROTECTION

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
LD6000076442

4. I, OWEN MATHEWS, hereby resign as a MEMBER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

D. Mathews

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA