# L06000084722

(Re	equestor's Name)	
. (Ac	idress)	
. (Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500155743335

05/12/09--01020--025 \*\*85.00

pa keyo

SECRETARY OF STATE
SIVISION OF CORPCRATIONS
ON MAY 12 PM 12: 19

TO: Amendment Section Division of Corporations
SUBJECT: FRANK STEIN LIC  Name of Limited Liability Company
DOCUMENT NUMBER: <u>60600084722</u>
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:
Steven DEMBLING Name of Person
Name of Person
Name of Firm/Company
1141 71st Street
Address
Missing Beach The 3314 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TERRY KATIN - at (305) 861-3666  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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** 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,
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,  Name of Registered Agent, hereby resigns as
Registered Agent for FRAWK & STETN LLC
Name of Limited Liability Company
L060000847122
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
f signing on behalf of an entity:
Typed or Printed Name
Capacity Capacity Capacity

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi 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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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