

L060000094951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

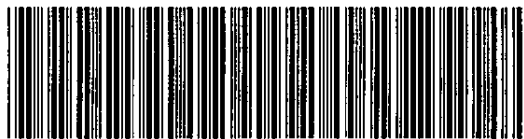
Special Instructions to Filing Officer:

L. SELLERS

AUG 18 2009

EXAMINER

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09 AUG 14 AM 10:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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ATTORNEYS AND COUNSELORS AT LAW

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ADAM L. HEIDEN
ATTORNEY AT LAW
CERTIFIED PUBLIC ACCOUNTANT

RENÉE L. MANKUS
CERTIFIED PUBLIC ACCOUNTANT

August 13, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: *Progressive Pest Solutions, LLC*

Dear Sir and/or Madam:

Enclosed please find the following:

1. Original and one (1) copy of Cover Letter transmitting Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company;
2. Original and one (1) copy of Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company; and
3. Our law firm check N^o. 012652 payable to Florida Department of State in the amount of \$25.00 for the filing fee.

We would appreciate a copy of the filed documents.

Sincerely,

Keith H. Johnson

KHJ:rks

Enclosures:
As Stated (3)

c: James L. McGowan
John Q. Adams, CPA
Michael J. McGowan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROGRESSIVE PEST SOLUTIONS, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAMES L. McGOWAN

(Contact Person)

(Firm/Company)

6235 S.E. 120th PLACE

(Address)

BELLEVIEW, FL. 34420

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES L. McGOWAN

(Name of Contact Person)

at (352) 438-6005

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

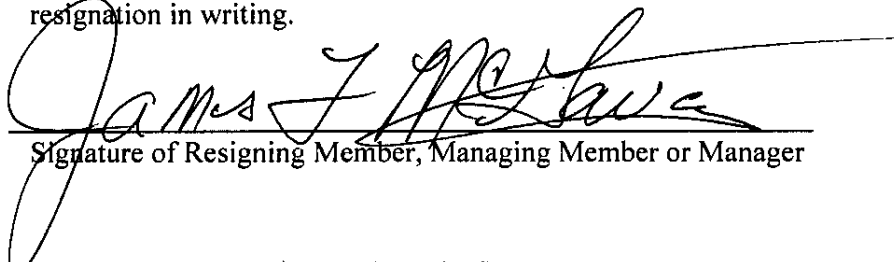
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PROGRESSIVE PEST SOLUTIONS, LLC

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

3. The Florida document/registration number of this limited liability company is:
L06000094951

4. I, JAMES L. McGOWAN, hereby resign as a MANAGER
(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.


Signature of Resigning Member, Managing Member or Manager

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

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TALLAHASSEE FLORIDA