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EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** MICHELE HOLDEN DATE: 2/25/2010 **REF. #:** 000076.120196 CORP. NAME: SARASOTA KENNEL CLUB, LLC () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () ANNUAL REPORT () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED LIABILITY () LIMITED PARTNERSHIP () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION (XX) OTHER: RESIGNATION OF REGISTERED AGENT STATE FEES PREPAID WITH CHECK# 533869 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

PLEASE RETURN:

() CERTIFIED COPY	() CERTIFICATE OF GOOD STANDING

(XX) PLAIN STAMPED COPY

COST LIMIT: \$____

() CERTIFICATE OF STATUS

Examiner's Initials

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions	of section 608.416(2) or 608.509, Florida Statut	es, the undersigned,
Name and the same	DIRECT AGENTS, INC. Name of Registered Agent	hereby resigns as
Registered Agent for		
	SARASOTA KENNEL CLUB, LLO	
	Name of Limited Liability Company	7
L060001	121139	
Document Num	ber, if known	
A copy of this resignation	was mailed to the above listed limited liability of	ompany 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.
-	Mi Chele Hold	
If signing on behalf of an	entity:	
_	MICHELE HOLDEN	
	Typed or Printed Name	
_	ASSISTANT SECRETARY	
-	Capacity	

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withdrawn limited liability company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