

L0700000 2963

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DAVID C. BEARDEN, P.A.

A Professional Association

ATTORNEY-AT-LAW

DAVID C. BEARDEN, ESQUIRE

Cory Lakes Professional Center
10323 Cross Creek Boulevard
Ste G
Tampa, FL 33647
813-994-9902 (ph)
866-540-6742 (fax)

Facsimile Cover Sheet

To: Karen Gibson
DIVISION OF CORPORATIONS
Number: 850-245-6897

Date: 1/20/10

File No. Mercedes Angell, LLC
L07000002963

From: **DAVID C. BEARDEN, ESQUIRE**

Number of Pages (including cover page):

3

Comments: In connection w/ the above LLC I am
faxing the following: ① cover letter ② Resignation
Per my conversation w/ you this morning
it is my understanding that you will use the funds
previously fwd'd to you. If you would please
forward a check for \$2.50 difference in filing fees.
Thank you so much for your help. Please fax or email
confirmation once the change has been made: david@davidbearden
pa.com

Original WILL X WILL NOT BE SENT BY MAIL

THE INFORMATION CONTAINED IN THIS MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL(S) NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OR COPYING OF THIS TELECOPY IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE. THANK YOU.

PLEASE CALL IF YOU DO NOT RECEIVE THE NUMBER OF PAGES INDICATED.

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01/20/2010 10:05 850-245-6897

DAVID
FL DEPT OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mercedes Angell, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000002963

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:

Mercedes Angell
Name of Person

Mercedes Angell, LLC
Name of Firm/Company

11915 Nicklaus Circle
Address

Tampa, FL 33624
City/State and Zip Code

Mercedes - angell@cushwake.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercedes Angell at (813) 204-5344
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

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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,

David C. Bearden, hereby resigns as
Name of Registered Agent

Registered Agent for Mercedes Angell, LLC
Name of Limited Liability Company

L07000002963
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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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