

L07000010549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

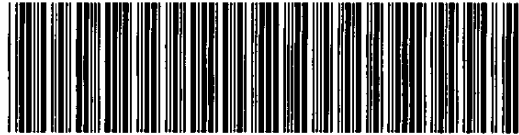
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 10 PM 12:16

T. Hampton JAN 11 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ryan Properties, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sara Groff

(Name of Person)

Miller & Williams, PLC

(Firm/Company)

2905 Corinthian Ave. Suite 5

(Address)

Jacksonville, FL 32210

(City/State and Zip Code)

For further information concerning this matter, please call:

Sara

(Name of Person)

at (904) 425-0040

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

MILLER & WILLIAMS, PLC

2905 Corinthian Ave., Ste. 5
Jacksonville, FL 32210
Phone: (904) 425-0040 • Facsimile (904) 425-0028
www.miller-williams.com

January 9, 2008

Via Federal Express

Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Ryan Properties, LLC
Document # L07000010549**

To Whom It May Concern:

Please find enclosed a check in the amount of \$160.00 payable to your company for the filing fees for the attached changes for Ryan Properties, LLC. Please contact me with any questions or concerns. Thank you.

Very Truly Yours


Sera Groff

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,

Michelle Valentino

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Ryan Properties, LLC

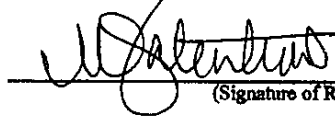
(Name of Limited Liability Company)

L07000010549

(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)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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