

LO7000018053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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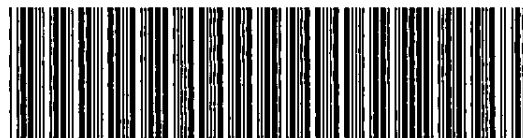
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**EXAMINER**



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12 JUN 14 PM 4:52

12 JUN 15 PM 4:52

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sistek, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000018053

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:

Maria Desouza  
Name of Person

N/A  
Name of Firm/Company

13515 Eagle Ridge Dr Unit 525  
Address

Fort Myers, Florida 33912  
City/State and Zip Code

mds0514@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Desouza at ( 239 ) 878-0097  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

12 JUN 14 PM 4:52

## 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,

Maria Desouza

Name of Registered Agent

, hereby resigns as

Registered Agent for Sistek, LLC

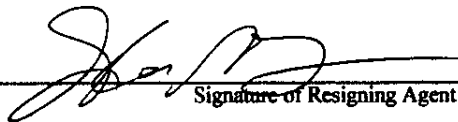
Name of Limited Liability Company

L07000018053

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

12 JUN 14 PM 4:52

### 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