

L07000039345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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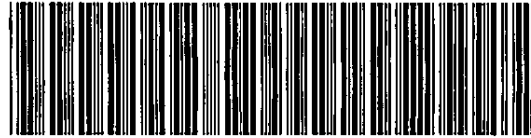
(Business Entity Name)

(Document Number)

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2017 FEB -6 AM 11:12

[Signature]

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 FEB -6 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 17, 2017

DON L COPELAND JR
C/O PO BOX 4292
TEQUESTA, FL 33469

SUBJECT: SAMAHAB, LLC
Ref. Number: L07000039345

We have received your document for SAMAHAB, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 517A00000892

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Samahab LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000039345

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:

Don Lee Capelsnd FL.
Name of Person

Samahab LLC
Name of Firm/Company

PO Box 4292
Address

Teguestaw, FL 33469
City/State and Zip Code

DLCJL561@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Capelsnd at (561) 719-6745
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Don Lee Copeland, hereby resigns as
Name of Registered Agent

Registered Agent for Samahab LLC

Name of Limited Liability Company

L07000039345

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.

Don L. Copeland

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

2017 FEB -6 AM 11:12
FILED

\$ 25.00
check
per week
mailed
under
separate
cover