

L 07000054979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

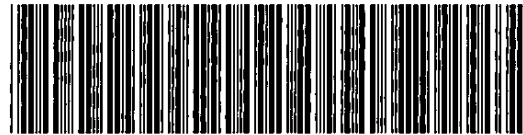
(Business Entity Name)

(Document Number)

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10/11/07--01026--018 **85.00

APPROVED
AND
FILED

07 OCT 11 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Rescigno

G. Goulette OCT 16 2007



October 9, 2007

Florida Department of State
Division of Corporations
PO Box 6325
Tallahassee, FL 32314

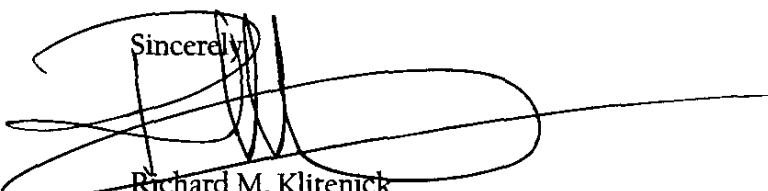
RE: Corporate Filings - Resignation of Registered Agent for a
Limited Liability Company
Sand Family Memorial Partnership, LLC

Dear Sir or Madam:

Enclosed please find the Division of Corporation's Cover Letter, Registration of Registered Agent for a Limited Liability Company as to the above-referenced LLC, and my firm's check number 16424 in the requisite amount of \$85.00 to file the same.

Thank you for your attention to this matter.

Sincerely,



Richard M. Klitenick
RMK/mp
Enclosures as Stated

c: Sand Family Memorial Partnership, LLC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sands Family Memorial Partnership, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L07000054979

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:

Richard M. Klitenick

(Name of Person)

Richard M. Klitenick, PA

(Name of Firm/Company)

1009 Simonton Street

(Address)

Key West, FL 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard M. Klitenick

(Name of Person)

at (305) 292-4101

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Richard M. Klitenick

, hereby resigns as

(Name of Registered Agent)

Registered Agent for Sands Family Memorial Partnership, LLC

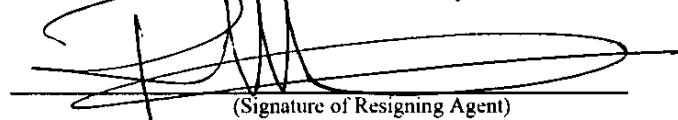
(Name of Limited Liability Company)

L07000054979

(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)

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AND
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SECRETARY OF STATE
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