

607000069361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

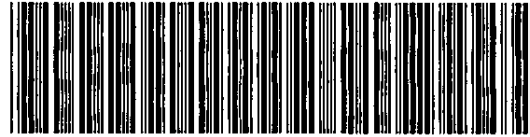
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600256881306

02/27/14--01027--018 \*\*85.00

FILED  
2014 FEB 27 P 3 25  
FBI - NEW YORK

B. BOSTICK  
MAR - 3 2014  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POSSUM LODGE GROUP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000069361

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:

**Stephen Blass**

Name of Person

**Stephen Blass P.A.**

Name of Firm/Company

**One Southeast Third Avenue, Suite 2130**

Address

**Miami, FL 33131**

City/State and Zip Code

**sblass@blasslegalpa.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Stephen Blass** at ( **305** ) **377-9353**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2014 FEB 27 P 3:25  
TALLAHASSEE, FL

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**COPROLITE CORPORATION**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **POSSUM LODGE GROUP, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L07000069361**

\_\_\_\_\_  
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:

**Stephen A. Blass**

\_\_\_\_\_  
Typed or Printed Name

**President / Director**

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED  
2014 FEB 27 P 3:25  
TALLAHASSEE, FL

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**