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## **COVER LETTER**

SUBJECT: REAL DOG LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L07000074909</u>
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:
John T. LEADSEATER  Name of Person
Ausly + Mc Muller, P.A.  Name of Firm/Company
123 South CAlhoun STREET Address
TAllahasser FL 32301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIM LANGENTER at (850) 425-5370  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 se	ection 608.416(2) or 608.509, FI	orida Statutes, the undersign	ned,
John T. L	EADBEATER	, hereby resigns	as 😝 🚄
Name o	of Registered Agent	= = = = = = = = = = = = = = = = = = = =	型品 昌 一们
Registered Agent for	L DOG, LLC		THE SECULE
			35.
	Name of Limited Liability Compa	any	mg U
L07000074909			10811 W
Document Number, if	known		P
A copy of this resignation was	mailed to the above listed limite	ed liability company at its la	st known address.
The agency is terminated and the	he office discontinued on the 31	st day after the date on which	ch this statement is filed.
	Signature of Resign	ning Agent	
If signing on behalf of an entiry	ý:		
	Typed or Printed Name	c	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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