

LO7000081235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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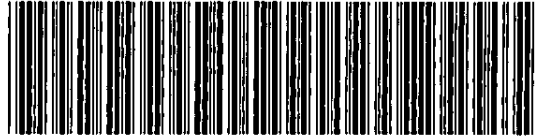
(Business Entity Name)

(Document Number)

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2007 OCT 22 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A. Resignation

TB

11-5-07

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pinellas Concierge LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L07000081235

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:

DEBORAH SCOTT  
(Name of Person)

Pinellas Concierge LLC  
(Name of Firm/Company)

26 HIGHLAND AVENUE  
(Address)

DUNEDIN, FL 34698  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH SCOTT at ( 727 ) 204-0850  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

**Janice Moore**

(Name of Registered Agent)

Registered Agent for **Pinellas Concierge LLC**

(Name of Limited Liability Company)

**L07000081235**

(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)

### **FILING FEES:**

~~\$ 85.00~~

\$ 25.00

Active limited liability company  
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withdrawn limited liability company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

2001 OCT 22 AM 9:48  
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TALLAHASSEE, FLORIDA