

L07000085299

(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



800210072598

07/26/11--01008--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 26 AM 8:42

T. HAMPTON
JUL 27 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECLIPSE PROPERTY SOLUTIONS, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L07000085299

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:

PETER W. KERSKER
Name of Person

PETER W. KERSKER, ESQ.
Name of Firm/Company

600 40TH STREET NORTH, # 301
Address

ST. PETERSBURG, FLORIDA 33713
City/State and Zip Code

andersilk1@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER W. KERSKER at (727) 328-7040
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Peter W. Kersker
UK# 3661

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,

PETER W. KERSKER, ESQ.

Name of Registered Agent

, hereby resigns as

Registered Agent for

ECLIPSE PROPERTY SOLUTIONS LIMITED LIABILITY COMPANY

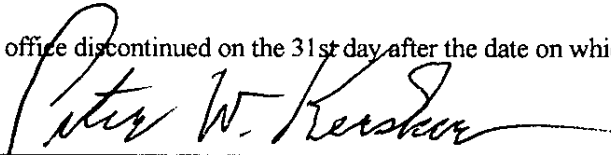
Name of Limited Liability Company

L07000085299

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	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

FILED
11 JUL 26 AM 11:42
SECRETARY OF STATE
DIVISION OF CORPORATIONS