

LOT 000108364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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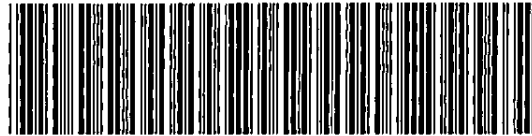
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 FEB 27 AM 10:31
STATE
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12 FEB 27 AM 10:08
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB 28 2012
EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 02/24/2012

NAME: QUEST HAINES CHECKERS, LLC

TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST: 25.00

RETURN:

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12 FEB 27 AM 10:18
SEAL / COUNTY STA E
TALLAHASSEE FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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,

FLORIDA FILING & SEARCH SERVICES, INC, hereby resigns as

Name of Registered Agent

Registered Agent for QUEST HAINES CHECKERS, LLC

Name of Limited Liability Company

L07000108364

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:

ABBIE P HODGE

Typed or Printed Name

VICE PRESIDENT

Capacity

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12 FEB 27 AM 10:08
STATE DEPT 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withdrawn limited liability company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