

LO7000111946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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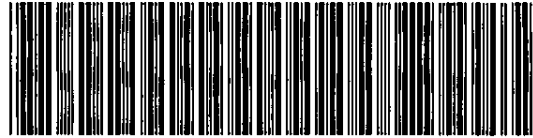
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Res / RA
@ 10.17.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SANDY PARROT GROUP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000111946

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:

BRUCE H. VANDERLAAN

Name of Person

BRUCE H. VANDERLAAN, ATTORNEY AT LAW, P.A.

Name of Firm/Company

13451 MCGREGOR BOULEVARD, SUITE 34

Address

FORT MYERS, FL 33919

City/State and Zip Code

BRUCE@BRUCEVANDERLAAN.COM

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

For further information concerning this matter, please call:

BRUCE VANDERLAAN

Name of Person

at (239)

Area Code

220-3326

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

JOEL S. NOTES

Name of Registered Agent

, hereby resigns as

Registered Agent for

THE SANDY PARROT GROUP, LLC

Name of Limited Liability Company

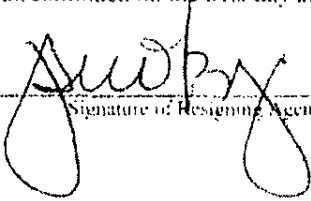
L0700011946

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.

If signing on behalf of an entity:



Signature of Resigning Agent

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
DIVISION OF CORPORATIONS
14 OCT -9 PM 5:05