

L07000114964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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K. SALY  
EXAMINER  
NOV 16 2015



**THE HERNANDEZ LAW FIRM, P.A.**

ATTORNEY & COUNSELOR AT LAW

November 4, 2015

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Resignation of Registered Agent for Three Corporations

To Whom It May Concern:

Enclosed are the three Resignation of Registered Agent For following:

1. Calendar Shows, LLC, document number L07000114964, with a check # 2899 in the amount of \$85.00 made payable to Florida Department of State;
2. Sun Burst Inn, LLC, document number L07000115316, with a check # 2900 in the amount of \$87.50 made payable to Florida Department of State.
3. MMG Management Corporation, document number P05000158580, with a check # 2901 in the amount of \$87.50 made payable to Florida Department of State;

If you have any questions, please contact me at 727-712-1710. Thank you.

Very truly yours,  
THE HERNANDEZ LAW FIRM, P.A.

*Kevin Hernandez, Esq./hms*

By: Kevin Hernandez, Esquire

KH:hms  
Enclosure

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Calendar Shows LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000114964

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:

Kevin Hernandez, Esq.  
Name of Person

The Hernandez Law Firm, P.A.  
Name of Firm/Company

28059 US Hwy 19 N, Suite 101  
Address

Clearwater, FL 33761  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin Hernandez, Esq. at ( 727 ) 712-1710  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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,

Hernandez, Kevin ESQ., hereby resigns as  
Name of Registered Agent

Registered Agent for Calendar Shows LLC

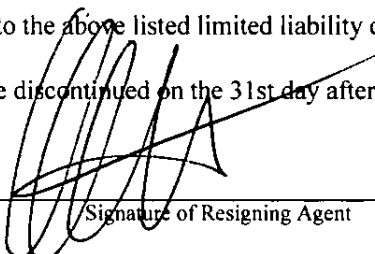
Name of Limited Liability Company

LO7 000 114 964  
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.

X



Signature of Resigning Agent

If signing on behalf of an entity:

Kevin Hernandez, ESQ.  
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

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TALLAHASSEE, FLORIDA

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