

L08000021908

(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



400167251254

02/23/10--01013--015 **85.00

FILED

2010 FEB 23 P 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*RA Resign
Thurs
2-25-10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 990 AND 994, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000021908

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:

LINDA M. SMITH, ESQ.
Name of Person

LAW OFFICES OF LINDA M. SMITH
Name of Firm/Company

11900 BISCAYNE BLVD., SUITE 503
Address

MIAMI FL 33181
City/State and Zip Code

smithlm@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda M. Smith at (305) 899-1415
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

RICHARD A. SCHURR, P.A.

Name of Registered Agent

Registered Agent for 990 AND 994, LLC

Name of Limited Liability Company

L08000021908

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:

RICHARD A. SCHURR, ESQ.

Typed or Printed Name

OWNER

Capacity

Attorney

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withdrawn limited liability company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
2000 FEB 23 P 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA