

LO8000051750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

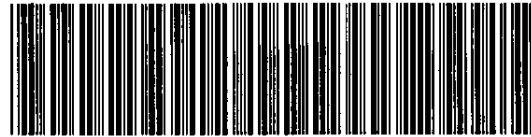
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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11/10/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STOLBERG RODRIGUEZ ENTERPRISES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000051750

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:

KIM STANFIELD
Name of Person

THE HOGAN LAW FIRM
Name of Firm/Company

20 SO. BROAD STREET
Address

BROOKSVILLE, FL 34601
City/State and Zip Code

KSTANFIELD@HOGANLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM STANFIELD at (352) 799-8423
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 NOV -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 13, 2010

KIM STANFIELD
THE HOGAN LAW FIRM
20 S. BROAD STREET
BROOKSVILLE, FL 34601

SUBJECT: STOLBERG RODRIGUEZ ENTERPRISES, LLC
Ref. Number: L08000051750

We have received your document for STOLBERG RODRIGUEZ ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$60.00.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 910A00024220

Notice of adm. dissolution
enclosed.

SCANNED



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,

THE HOGAN LAW FIRM

Name of Registered Agent

, hereby resigns as

Registered Agent for STOLBERG RODRIGUEZ ENTERPRISES, LLC

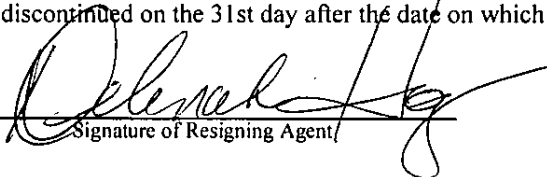
Name of Limited Liability Company

L08000051750

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:

DEBORAH HOGAN

Typed or Printed Name

MANAGER

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV - 1 AM 11:13

FILED

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