

**L08000078244**

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(Requestor's Name)

\_\_\_\_\_  
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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

NOV 28 2011

**EXAMINER**

Office Use Only



**800212218928**

10/28/11--01004--029 \*\*25.00

11/22/11--01002--005 \*\*60.00

**FILED**

**11 NOV 21 AM 9:58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL PRO VACUUM LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000078214

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:

David R Johnston  
Name of Person

ALL PRO VACUUM LLC  
Name of Firm/Company

8799 Sand Pine Drive  
Address

Navarre Florida 32566  
City/State and Zip Code

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

For further information concerning this matter, please call:

David R Johnston at ( 850 ) 240-5534  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

November 3, 2011

DAVID R. JOHNSTON  
8799 SAND PINE DRIVE  
NAVARRE, FL 32566

SUBJECT: ALL PRO VACUUM "LLC"  
Ref. Number: L08000078214

We have received your document for ALL PRO VACUUM "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 for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 811A00025042

## 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,

David R Johnston

Name of Registered Agent

, hereby resigns as

Registered Agent for ALL PRO VACUUM LLC

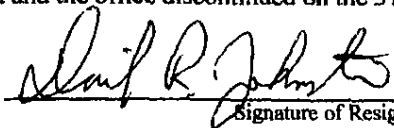
Name of Limited Liability Company

L08000078214

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:

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

INHS17 (08/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 21 AM 9:00

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