

L08000085453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

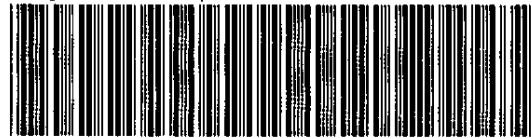
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500182095645

06/17/10--01028--020 \*\*85.00

FILED

2010 JUN 17 A 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Thurs  
6-22-10

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gulf Breeze Gift Baskets, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000085453

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:**

Thomas F. Kiesel, Esq.  
Name of Person

Name of Firm/Company

P.O. Drawer 1000

## Address

Fort Myers, FL 33902

City/State and Zip Code

tfkiesel@aol.com

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

**For further information concerning this matter, please call:**

Sherry N. Simes

Name of Person

at (239) 334-1800

Area Code &amp; 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

KAREN BRENNAN

Name of Registered Agent

, hereby resigns as

Registered Agent for

GULF BREEZE GIFT BASKETS, LLC

Name of Limited Liability Company

L08000085453

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]

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

FILED  
2008 JUN 17 A 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA