

LO8000111762

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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D. BRUCE  
AUG 16 2012  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PS- BRANDON,LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

RUDY MENENDEZ  
Name of Person

PS-BRANDON,LLC  
Name of Firm/Company

14138 STONEGATE DR.  
Address

TAMPA, FL 33624  
City/State and Zip Code

tmen8@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUDY MENENDEZ at (813) 230-1903  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

## 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,

Tony Menendez

Name of Registered Agent

, hereby resigns as

Registered Agent for

PS-BRANDON, LLC

Name of Limited Liability Company

L08000111762

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.

Tony Menendez

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

### FILING FEES:

\$ 85.00	Active limited liability company	
\$ 25.00	Administratively dissolved/voluntarily withdrawn limited liability company	dissolved/

Make checks payable to Florida Department of State and mail to  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314