

LB9000001144

(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



400287777914

07/12/16--01003--030 **87.50

FILED
2016 AUG -9 P 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2016

MILHEL H. TRAFANSTEAD
4011 TIGER POINT BLVD
GULF BREEZE, FL 32563

SUBJECT: TRAFF TRANSIT, L.L.C.
Ref. Number: L09000001144

We have received your document for TRAFF TRANSIT, L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 616A00014469

2016 AUG -9 P 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Traff Transit, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000001144

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:

Michel H. Traffanstead
Name of Person

Name of Firm/Company

4011 Tiger Point Blvd
Address

Gulf Breeze FL 32503
City/State and Zip Code

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

For further information concerning this matter, please call:

Michel H. Traffanstead at (404) 985-3251
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2016 AUG - 9 P 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michel H. Traffanstead, hereby resigns as
Name of Registered Agent

Registered Agent for Traff Transit, LLC
Name of Limited Liability Company

109000001144
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.

Michel H. Traffanstead
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG - 9 P 2:40

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