

LD9000019781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

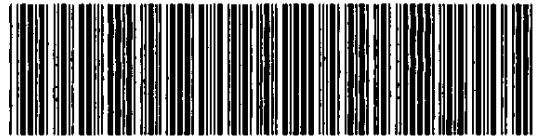
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100175914381

05/04/10--01031--013 **50.00

04/19/10--01013--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -4 PM 12:07

RA Resign
C.COULLIETTE

MAY 04 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ODP BAR.LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000019781

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:

Teri Panisset
Name of Person

Name of Firm/Company

5436 Bay Lagoon Circle
Address

Orlando, Fl. 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

Teri Panisset at (407) 595-3211
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

April 22, 2010

TERI PANISSET
5436 BAY LAGOON CIR
ORLANDO, FL 32819

SUBJECT: ODP BAR, LLC
Ref. Number: L09000019781

We have received your document for ODP BAR, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 510A00009927

RECEIVED
2010 MAY -3 AM 8:00
DEPARTMENT OF STATE
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,

Teri Panisset

Name of Registered Agent

, hereby resigns as

Registered Agent for

ODP BAR.LLC

Name of Limited Liability Company

L09000019781

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.

Teri L Panisset

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -4 PM 12:07