

09000028710

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
Account Number : I19980000057
Phone : (850) 973-4186
Fax Number : (850) 973-8564

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC REGISTERED AGENT RESIGNATION
AUCILLA CATTLE COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AUCILLA CATTLE COMPANY, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L09000028710

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:

JONATHAN C. KOHLER

Name of Person

AUCILLA CATTLE COMPANY, LLC

Name of Firm/Company

434 SW MOUNT OLIVE CHURCH ROAD

Address

LAMONT, FL 32336

City/State and Zip Code

Jon @ Jon Kohler . com

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

For further information concerning this matter, please call:

JOHNATHAN C. KOHLER at 850 508-2999

Name of Person

Area Code & Daytime Telephone Number

Jonathan C. Kohler

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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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,

PAUL K. PARKER

hereby resigns as

Name of Registered Agent

Registered Agent for **AUCILLA CATTLE COMPANY, LLC**

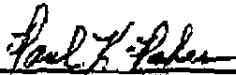
Name of Limited Liability Company

L09000028710

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

DHS17 (08/05)

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