

LO9000058961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

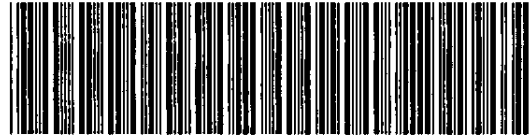
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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER
FEB 6 2013

COVER LETTER

1/29/2013

TO: Amendment Section
Division of Corporations

SUBJECT: **S.P.A.Z.LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: **L09000058961**

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:

Linda J. Bicho

Name of Person

S.P.A.Z.LLC

Name of Firm/Company

41091 Suzan Dr

Address

Punta Gorda, FL 33982

City/State and Zip Code

ilhabela@embarqmail.com

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

For further information concerning this matter, please call:

Linda J. Bicho

Name of Person

at **(239) 543-6463**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

1/29/2013

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,

Linda J. Bicho

, hereby resigns as

Name of Registered Agent

Registered Agent for **S.P.A.Z.LLC**

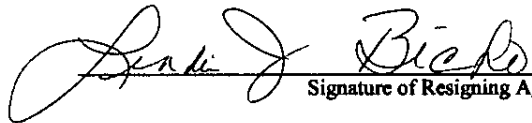
Name of Limited Liability Company

L09000058961

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

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

2013 FEB -4 AM 10:10

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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