

209000063618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

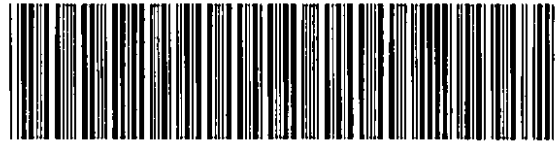
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600316653466

08/13/18--01031--027 **85.00

FILED
2018 AUG 13 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
AUG 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stand Up Paddle Lessons, L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L09000063618

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:

Sean Collins

Name of Person

Name of Firm/Company

2523 Plunkett Street

Address

Hollywood, FL 33020

City/State and Zip Code

seancollins00@yahoo.com

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

For further information concerning this matter, please call:

Sean Collins

Name of Person

at (_____) _____

Area Code

Unknown

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2010 AUG 13 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Daniel Doorakian, Esq. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Stand Up Paddle Lessons, L.L.C.

Name of Limited Liability Company

L09000063618

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

FILED
2018 AUG 13 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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