

L09000097377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

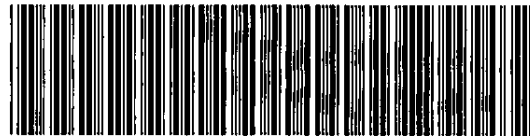
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700185335657

700185335657  
09/15/10--01018--013 \*\*85.00

FILED  
2009 SEP 15 P 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Thewis  
9-17-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rock the Paddle LLC dba Paddleboard  
Orlando  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000097377

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:

Kim DePasquale  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

137 Dunes Edge Rd  
Address

Jupiter FL 33477  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim DePasquale at (407) 718-0021  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

Kimberly DePasquale

Name of Registered Agent

, hereby resigns as

Registered Agent for

Rock the Paddle, LLC

Name of Limited Liability Company

L09000097377

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.

Kimberly DePasquale

Signature of Resigning Agent

If signing on behalf of an entity:

Kimberly DePasquale

Typed or Printed Name

owner

Capacity

FILED  
2010 SEP 15 P 1:55  
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