

L10000009224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10 JUN 28 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Resign*  
C.COULLETTE

JUL 01 2010

EXAMINER

# NOVAK LAW OFFICES

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PORT ST. JOE, FLORIDA 32456

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June 20, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Resignation of Registered Agent for Florida LLC  
Senapati, LLC**

Dear Corporation Section:

Enclosed please find resignation of registered agent for the above referenced entity for filing with the Florida Department of State, Division of Corporations.

Kindly return all correspondence, filed papers, information requests and/or further inquiries concerning this matter to our offices at:

**Novak Law Offices, PLLC**  
c/o Jeremy T.M. Novak, Esq.  
209 7<sup>th</sup> Street  
Port St. Joe, Florida 32456  
(850) 229-4700

Additionally, please find the check in the amount of eighty five dollars (\$85) for the required Filing Fee.

Thank you for your anticipated cooperation and assistance in this regard.

Respectfully submitted,



Jeremy T.M. Novak  
Novak Law Offices, PLLC

Encl.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Senapati, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000009224

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:

Jeremy T.M. Novak, Esq.  
Name of Person

Novak Law Offices PLLC  
Name of Firm/Company

209 7th Street  
Address

Port St. Joe, Florida 32456  
City/State and Zip Code

jtnovak@novaklaw.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy T.M. Novak, Esq. at ( 850 ) 229-4700  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Jeremy T.M. Novak, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for

Senapati, LLC

Name of Limited Liability Company

L10000009224

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:

Jeremy T.M. Novak, Esq.

Typed or Printed Name

Resigning Registered agent of LLC

Capacity

FILED  
10 JUN 28 AM 9:37  
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