

**L100000018180**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000228650 3)))



H110002286503ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : CALANDRINO LAW FIRM  
Account Number : I20090000062  
Phone : (407) 601-4905  
Fax Number : (407) 601-4910

**FILED**  
**2011 SEP 19 AM 8:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**RECEIVED**  
**11 SEP 19 PM 12:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**LLC REGISTERED AGENT RESIGNATION  
PARANORMAL TEAM OF ORLANDO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

**J. SAULSBERRY  
EXAMINER**

[Electronic Filing Menu](#)   [Corporate Filing Menu](#)

[Help](#)

**SEP 20 2011**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Paranormal Team of Orlando, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000018180

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:

Amy M. Guy, Paralegal  
Name of Person

Calandrino Law Firm, P.A.  
Name of Firm/Company

301 E. Pine Street, Suite 950  
Address

Orlando, Florida 32801  
City/State and Zip Code

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

For further information concerning this matter, please call:

Amy M. Guy at ( 407 ) 601-4905 x 107  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2011 SEP 19 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

Calandrino Law Firm, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for Paranormal Team of Orlando, LLC

Name of Limited Liability Company

L10000018180

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:

Philip K. Calandrino

Typed or Printed Name

President/Director

Capacity

2011 SEP 19 AM 8:18  
FILED  
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