

L10000020069 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE  
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B. BOSTICK

NOV 29 2011

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Reef Flyer, L.L.C.  
Name of Limited Liability Company

DOCUMENT NUMBER: L 10000020069

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:

JOHN F. PARELL  
Name of Person

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

3233 NE 31<sup>st</sup> Ave.  
Address

Lighthouse Point, FL 33064  
City/State and Zip Code

JPARELL@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN F. PARELL at ( 954 ) 784-6442  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
NOV 23 PM 4:26  
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,

PETER A. KEHOE

Name of Registered Agent

, hereby resigns as

Registered Agent for

REEF FLYER, LLC

Name of Limited Liability Company

L10000020069

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.

Peter A. Kehoe

Signature of Resigning Agent

If signing on behalf of an entity:

NA

Typed or Printed Name

NA

Capacity

### 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILE  
TALLAHASSEE, FLORIDA

PETER  
APR 28 PM 4:26

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