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COVER LETTER

TO: Amendment Section Division of Corporations
Linibed
SUBJECT: George Prytula HT CPA Professional Midbility Company Name of Limited Liability Company
DOCUMENT NUMBER: L 100000 22346
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:
George Pryhak III Name of Person
George Pryhulu III CPA Professional Limited Liability Company Name of Firm/Company
1655 Cherry Blossom Terr. Address
Heathow, FL 3274 C City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
George Pryhila III at (407) 804-0809 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Flor	ida Statutes, the undersigned,
CArol 5 Prytula Name of Registered Agent	, hereby resigns as
Name of Registered Agent	
Registered Agent for George Payhula, III CPA 1	Professional Limited Liability Company
Name of Limited Liability Company	
L10000022346	
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.
Carols Prophle Signature of Resignin	***************************************
Signature of Resignir	≥ ≌ ±
If signing on behalf of an entity:	
	APR 26 CRETARY LAHASS
Typed or Printed Name	The state of the s
Capacity	AH II: OF STATE FLORIT

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)