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B. BOSTICK
SEP 3 0 2011
EXAMINER

### **COVER LETTER**

Division of Corporations			
SUBJECT: Britton Harr Hospitality Services i	<u>LL</u> C		
DOCUMENT NUMBER: L)000066048			
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	ee are	submi	itted
Please return all correspondence concerning this matter to the following:			
David Dennelly  Name of Person			
Britton Harr Haspitality Services LLC Name of Firm/Company			
14512 Perdido Key Drive Address	SÈUKE TALLAH	11 SEP 29 (	***************************************
Pensacola FL 32507 City/State and Zip Code	ALLAHASSEE, FLORID	29 Pi	ૂ મ શ
E-mail address: (to be used for future annual report notification)	SIATE FLORIDA	PH 3: 45	
For further information concerning this matter, please call:			
Pavid Danielly at (850) 341-8660  Name of Person Area Code & Daytime Telephone Number	ber		
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or limited liability company.	n active withd	: limit rawn	ted

#### **MAILING ADDRESS:**

TO:

Amendment Section

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 provisi	ons of section 608.4	116(2) or 608.509, Florida Sta	tutes, the undersigned	,				
Davido			, hereby resigns as					
	Name of Registered	Agent	•					
Registered Agent for _	Britton	Harr Hospita	lity service	ۍ در				
	Name of	Limited Liability Company			<u> </u>	,		
L100000								
Document N	Number, if known							
	ed and the office di	he above listed limited liability scontinued on the 31st day aff	ter the date on which the	his staten	nent is			
		Signature of Resigning Agent	t		_			
If signing on behalf of		'd Danelly		ERLINS.	1 SEP 2	C. 1988		
	<u> </u>	Typed or Printed Name		[1]	9	· · —		
				71	70	j j j		
		Capacity		SEURLIANT OF STATE TALLAHASSEE, FLORIDA	3: 45			

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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