

L1 0000071664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

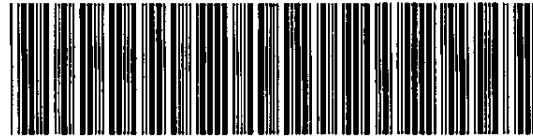
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR -7 2014

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PENINSULA TRANSPORTATION GROUP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000071664

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:

Alan Shanaman

Name of Person

SHANAMAN LAW GROUP, PLC

Name of Firm/Company

30700 Telegraph Rd., Suite 3475

Address

Bingham Farms, Mich 48025

City/State and Zip Code

ashanaman@sbcglobal.net

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

For further information concerning this matter, please call:

Alan Shanaman

Name of Person

at ( 248 )

Area Code

220-3320

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Clark J. Davis

Name of Registered Agent

, hereby resigns as

Registered Agent for

PENINSULA TRANSPORTATION GROUP, LLC

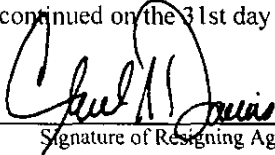
Name of Limited Liability Company

L10000071664

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:

Typed or Printed Name

Capacity

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DEPT 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