

L10000074393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

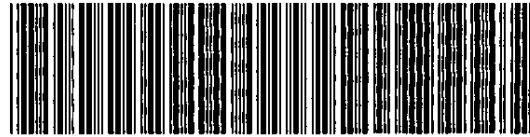
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 12 AM 10:35

*R.A. Charge*  
C.COULLIETTE

OCT 14 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MY SUPERSLIDES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 27-3033409

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:

SANDRA TEYSSIERE  
Name of Person

MY SUPERSLIDES LLC  
Name of Firm/Company

PO BOX 1107  
Address

MASCOTTE, FL 34753  
City/State and Zip Code

mysuperslides@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA TEYSSIERE at ( 813 ) 837-5433  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Florida Statutes, the undersigned,

MICHAEL YOUNG

Name of Registered Agent

, hereby resigns as

Registered Agent for MY SUPERSLIDES LLC

MY SUPERSLIDES LLC

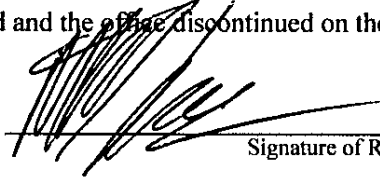
Name of Limited Liability Company

L 10000074393

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 12 AM 10:35

## 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