

L10000129798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

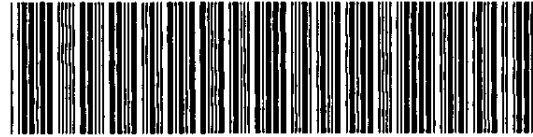
(Business Entity Name)

(Document Number)

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2013 APR 26 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 29 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Anything U Need Florida Keys, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000129798

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:

Samuel Schorr

Name of Person

Anything U Need Florida Keys, LLC

Name of Firm/Company

11400 Overseas Hwy Suite 109

Address

Marathon, FL 33050

City/State and Zip Code

sam@keyscaribbean.com

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

For further information concerning this matter, please call:

Samuel Schorr

Name of Person

at (305) 481-1532

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 APR 26 PM 3:35

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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 PolICASTRO

Name of Registered Agent

, hereby resigns as

Registered Agent for ANYTHING U NEED FLORIDA KEYS LLC

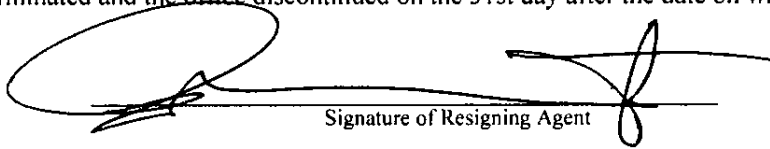
Name of Limited Liability Company

L10000129798

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:

United States Corporation Agents, Inc

Typed or Printed Name

Capacity

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2013 APR 26 PM 3:34
SECRETARY 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