

L11 0000 40284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

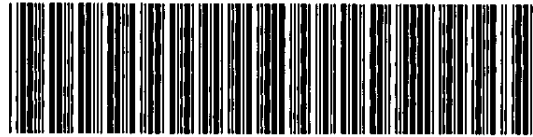
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 24 PM 1:54

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MAR 27 2014

CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PENN 17 LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000040286

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:

STEVEN MCNEFF

Name of Person

BENZION GROUP

Name of Firm/Company

3452 NORTH MIAMI AVENUE

Address

MIAMI FL 33127

City/State and Zip Code

ALBANY154@AOL.COM

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

For further information concerning this matter, please call:

STEVEN MCNEFF

at (305) 456-1470

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

INHS17 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

STEVEN E MCNEFF

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **PENN 17 LLC**

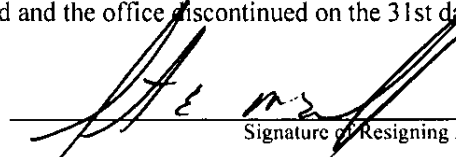
Name of Limited Liability Company

L11000040286

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:

STEVEN MCNEFF

Typed or Printed Name

SELF

Capacity

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

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2014 MAR 28 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA