

L11000084627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

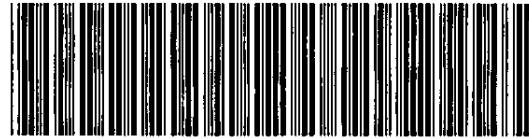
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/18/13--01035--010 **325.00

2013 NOV 18 PM 5:00
FALL RIVER, MA
FALL RIVER, MA

B. BOSTICK

NOV 19 2013

EXAMINER

CFRA, LLC

A Subsidiary of CARLTON FIELDS

Registered Agent Services

100 S. Ashley Drive | Suite 400

Tampa, Florida 33602

P. O. Box 3239 | Tampa, Florida 33601-3239

813.223.7000 | fax 813.229.4133

November 14, 2013

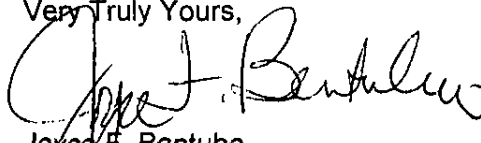
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: **RESIGNATION OF REGISTERED AGENT –**
S&P HOLDINGS, LLC
AAD COLLECTIVE, LLC
DARK SENSATIONS, LLC
FLORIDA SEO DESIGN, LLC
PENHA IMAGE DUTY FREE LTD
MCALISTER GROUP LLC
GK FAMILY, LTD
ASPORTS BR LLC

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 542715 totaling \$325.00 for the filing fees for these entities.

Very Truly Yours,



Joyce F. Bentubo
Secretary

JFB/ylc
Enclosures

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,

CFRA, LLC

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **FLORIDA SEO DESIGN, LLC**

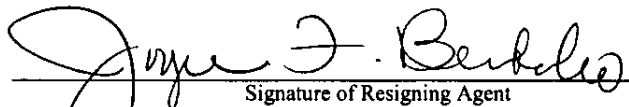
Name of Limited Liability Company

L11000084627

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:

JOYCE F. BENTUBO

Typed or Printed Name

SECRETARY

Capacity

2013 NOV 18 PM 5:00
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