

L11000136211

(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:

A. LUNT

SEP - 4 2011

EXAMINER

Office Use Only



700238784687

08/30/12--01024--007 **135.00

2012 AUG 30 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bikini Weenies, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000136211

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:

William Kerbs
Name of Person

Bikini Weenies, LLC
Name of Firm/Company

5602 Cape Harbour Drive #402
Address

Cape Coral, FL 33914
City/State and Zip Code

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

For further information concerning this matter, please call:

William Kerbs at (239) 849-2764
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2012 AUG 30 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Randy C. Fox

Name of Registered Agent

, hereby resigns as

Registered Agent for Bikini Weenies, LLC

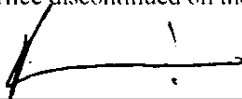
Name of Limited Liability Company

L11000136211

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:

Randy C. Fox

Typed or Printed Name

Registered Agent

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

2012 AUG 30 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED