L11000)78763

(Requestor's Name) (Address)	600242294726
(Address)	0002 1220 1720
(City/State/Zip/Phone #)	12/03/1201007007 **85.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	12 DEC -3 TALLAHASS
Special Instructions to Filing Officer:	المسائد المسائد
	AN 9: 00 E, FLORIDA

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DEC - 6 2012

EXAMINER

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,
Christopher Pelletier, hereby resigns as
Name of Registered Agent
Registered Agent for Florida Realty Specialists Hocking
Florida Realty Specialists (Com Es
Name of Limited Liability Company
L 11000138763
Document Number, if known
A copy of this resignation was mailed to the above listed limited liability company at its last known addrage.
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: Christopher Polletier Typed or Printed Name Res, 5 tered Asent
Capacity

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

~3

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

Division of Corporations	
SUBJECT: Florida Realty Specialists LLC Name of Limited Liability Company	
DOCUMENT NUMBER: 6 11000 138763	
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:	
Kelly Red Foot Name of Person	
Florida Realty Specialists LLC Name of Firm/Company	
6170 State Road 70 Suite 303	
Bradenton FL 34203 City/State and Zip Code	
E-mail address: (to be used for future annual deport notification)	
For further information concerning this matter, please call:	
Kelly Red Coot at (941) 782-5504 Name of Person at (941) 782-5504 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section

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