

L11000143542

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2012 JAN -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN -9 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 619 Parkdale Telstar, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000143542

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:

James A. Spillers, Jr.
Name of Person

Name of Firm/Company

PO Box 1155
Address

Murray, KY
City/State and Zip Code

jas011@newwavecomm.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James A. Spillers, Jr. at (270) 978-3007
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* Please note that in addition to the registration of the
Registered Agent, Steven J. Bracci, PA, 619 Parkdale Telstar, LLC,
no longer may use the address of 2590 Northbrook Plaza Drive, Suite 208,
Naples, Florida 34119, as its office address. *Steven J. Bracci*

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,

Steven J. Bracci, PA

, hereby resigns as

Name of Registered Agent

Registered Agent for 619 Parkdale Telstar, LLC

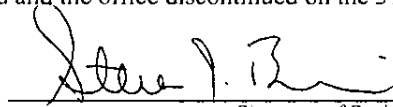
Name of Limited Liability Company

L11000143542

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 J. Bracci

Typed or Printed Name

President

Capacity

FILED
2012 JAN -6 PM 4:00
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