# L12000006864

(Requestor's Name)					
(Address)					
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(City	//State/Zip/Phone	e #)			
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T. CLINE
AUG 2 8 2012
EXAMINER

## **COVER LETTER**

SUBJECT: Flip Fl	ops C	harte	rs, LLC	<u>,                                      </u>	<del></del>	
Name of	Limite	d Liabili	ty Compa	any		
DOCUMENT NUMBER:	<u> </u>	12000	000686	64	<u></u>	
The enclosed Resignation of Registered Agree for filing.	ent for	a Limit	ed Liabi	lity Company and	fee are submitted	
Please return all correspondence concerning	this n	natter to	the follo	owing:		
Theresa W. Martin						
Name of Person						
Flip Flops Charters, LLC						
Name of Firm/Company						
262 Mohawk St.						
Address			<del></del>			
Tavernier,, FL 33070					To the state of th	
City/State and Zip Code						1
twmartin.1@netzero.net E-mail address: (to be used for future annual re					2 JUS 27 2 SESSAY L KHASSE	ndakan di aspateli Paramantah P
E-mail address: (to be used for future annual re	port no	tification	)			
For further information concerning this mat	ter, ple	ase call	:		OF STAN	
Theresa W. Martin	at (	305	)	731-9595	TA R	
Name of Person		Area Co	de & Day	time Telephone Nu	mber	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Theresa	W. Martin	, hereby resigns	as
Name of Re	gistered Agent		
Registered Agent for	Flip I	Flops Charters, LLC	
1	Name of Limited Liability	y Company	
L12000006864			
Document Number, if know	vn		
A copy of this resignation was mail			
The agency is terminated and the o		the 31st day after the date on whi	ch this statement is filed.
	W. Lyuko W Signature o	of Resigning Agent	
If signing on behalf of an entity:			Property of the property of th
	Theresa W	/. Martin	
<del></del>	Typed or Printe	ed Name	OF N
registered agent		l agent	
<del></del>	Capacity		E.F.C.

### 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