

LI2000027786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

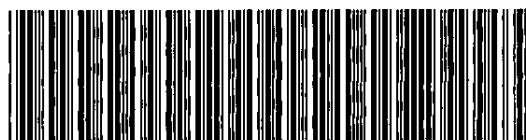
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 FEB -8 AM 10:52
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2013 FEB -8 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 12 2012
D. BRUCE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Perfect Shot Productions LLC

Signature _____

Requested by: SETH

02/07/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

☒

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

FILED
2013 FEB - 8 PM 4:26
TALLAHASSEE FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2013

CAPITAL CONNECTION

SUBJECT: PERFECT SHOT PRODUCTIONS LLC
Ref. Number: L12000027786

We have received your document for PERFECT SHOT PRODUCTIONS LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$85.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 613A00003295

2013 FEB -8 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERFECT SHOT PRODUCTIONS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000027786

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:

JACOB BAILEY

Name of Person

PERFECT SHOT PRODUCTIONS LLC

Name of Firm/Company

97 EL MAR DRIVE

Address

JENSEN BEACH FL 34957

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACOB BAILEY

Name of Person

at (**904**) **483-1524**

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2013 FEB -8 PM 4:30

FILED

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,

JASON YARBOROUGH, hereby resigns as
Name of Registered Agent

Registered Agent for PERFECT SHOT PRODUCTIONS LLC

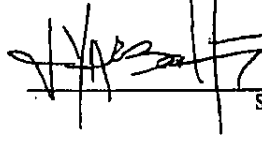
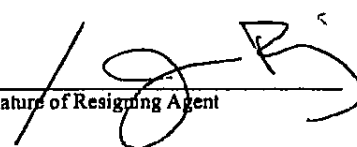
Name of Limited Liability Company

L12000027786

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:

JASON YARBOROUGH / JACOB BAILEY

Typed or Printed Name

REGISTERED AGENT MGR /MANAGER

Capacity

FILED
2018 FEB - 8 PM 4:30
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