

L12000053124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

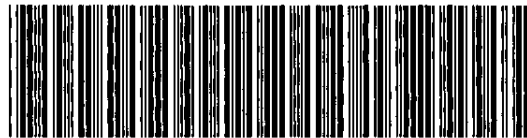
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AUG 17 2012

EXAMINER



900238423639

08/15/12--01013--027 **85.00

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STATE
SECRETARY OF
DIVISION OF CORPORATIONS
12 AUG 15 AM 5:47



**LABRECQUE
& COMPANY**

1202 Nebraska Avenue
Palm Harbor, FL 34683
Phone: 727-786-8228
Fax: 727-789-2021

email: ecl@phcpa.net
www.PalmHarborCPA.net
www.ElderFinancialAnswers.com

August 9, 2012

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Gentlemen:

Enclosed is our client's check in the amount of \$85.00 made payable to the Florida Department of State and the executed copy of the Resignation of the Registered Agent for SNP Group, LLC.

We have also enclosed their check in the amount of \$25.00 made payable to the Florida Department of State and the executed copy of the Articles of Amendment for SNP Group, LLC.

If you have any questions, please contact us.

Sincerely,
LaBrecque & Company CPAs

Edward C. LaBrecque, PhD, CPA, CGMA

ECL:smh
Encl.
Cc: SNP Group, LLC

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SNP Group, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000053124

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:

Harpreet S. Bhinder

Name of Person

SNP Group, LLC

Name of Firm/Company

7201 66th Street N

Address

Pinellas Park, FL 33781

City/State and Zip Code

ec1@phcpa.net

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

For further information concerning this matter, please call:

Edward C. LaBrecque

Name of Person

at (727) 786-8228

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

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DIVISION OF CORPORATIONS
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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,

Prerna Mehta

Name of Registered Agent

, hereby resigns as

Registered Agent for _____

SNP Group, LLC

Name of Limited Liability Company

L12000053124

Document Number, if known

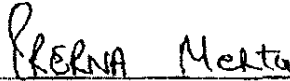
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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:



Typed or Printed Name



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

INHS17 (08/05)

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