

42000094482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300296950193

03/28/17--01004--023 **85.00

FILED
17 MAR 28 AM 9:48
FBI - MEMPHIS

O SIMMONS
MAR 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laktronics Enterprise, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000094482

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:

Name of Person
Semago Investment, Inc
Name of Firm/Company
4901 Vineland rd, Ste 270
Address
Orlando, Florida 32811
City/State and Zip Code
gs@semago.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Magaly Senior at (407) 903-0134
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Semago Investment, Inc

Name of Registered Agent

, hereby resigns as

Registered Agent for Laktronics Enterprise, LLC

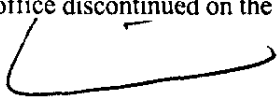
Name of Limited Liability Company

L12000094482

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:

Magaly Senior

Typed or Printed Name

President

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

FILED
17 MAR 28 AM 9:48