

L12000107226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

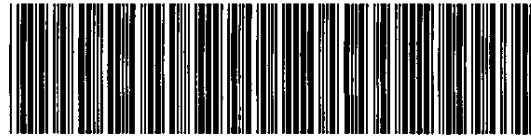
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 27 2014

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PENN 17 MANAGEMENT GROUP LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000107226

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:

**STEVEN MCNEFF**

Name of Person

**BENZION GROUP**

Name of Firm/Company

**3452 NORTH MIAMI AVENUE**

Address

**MIAMI FL 33127**

City/State and Zip Code

**ALBANY154@AOL.COM**

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

For further information concerning this matter, please call:

**STEVEN MCNEFF**

Name of Person

at ( 305 ) 456-1470

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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TALLAHASSEE, FLORIDA

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

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

**STEVEN E MCNEFF** \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **PENN 17 MANAGEMENT GROUP LLC** \_\_\_\_\_

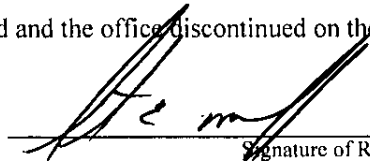
\_\_\_\_\_  
Name of Limited Liability Company

**L12000107226** \_\_\_\_\_

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 MCNEFF** \_\_\_\_\_

Typed or Printed Name

**SELF** \_\_\_\_\_

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**

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FILED  
STATE OF FLORIDA  
TALLAHASSEE