

L120000136125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

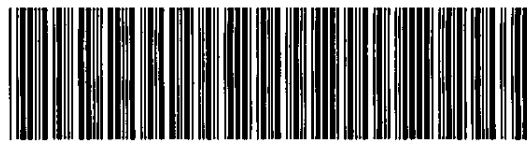
(Business Entity Name)

(Document Number)

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14 JUL 31 PM 10:23

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10/8/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parcel Properties of Florida LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000136105

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:

Marie A. Burnham (marie.burnham@gmail.com)
Name of Person

Name of Firm/Company

P.O. Box 448
Address

Ozona, FL 34660
City/State and Zip Code

Dar Bryant15@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dar Bryant at (618) 225-7706
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. * Previously sent check for \$140.00

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

#55.00
Balance



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2014

MARIE A. BURNHAM
P.O. BOX 448
OZONA, FL 34660

SUBJECT: PARCEL PROPERTIES OF FLORIDA LLC
Ref. Number: L12000136105

We have received your document for PARCEL PROPERTIES OF FLORIDA LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 714A00015724

RECEIVED
14 JUL 31 PM 2:16
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Marie A. Burnham

Name of Registered Agent

, hereby resigns as

Registered Agent for Parcel Properties of Florida LLC

Name of Limited Liability Company

L12000136105

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.

Marie A. Burnham

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

FILED
IN THE OFFICE OF THE
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SUPREME COURT
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