## L130000 60718

Sam Lagun (Requestor's Name)		
(Réquestor's Name)		
(Address)  Ste 20  (Address)  Miramar Beach. M 32550  (City/State/Zip/Phone #)		
(Address)		
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(Address)		
Miramar Beach. M 32550		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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12/05/13--01004--018 \*\*85.00

NL 0-2013

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruisuant to the provisions of section 608.416(2) or 608.309, Florida Statutes, the undersigned,		
Kathleen V Logan, hereby resigns as Name of Registered Agent,		
Registered Agent for Logan Financial Planning, LLC		
Name of Limited Liability Company	,	
L 130600 6071 8  Document Number, if known  A copy of this resignation was mailed to the above listed limited liability company at its last known add	dress.	
The agency is terminated and the office discontinued on the 31st day after the date on which this staten	nent is file	d.
Signature of Resigning Agent	2014 1 2014	
If signing on behalf of an entity:		77
Typed or Printed Name)	ART OF S ASSEE, FI	LED 3

**FILING FEES:** 

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314