

L13000080205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

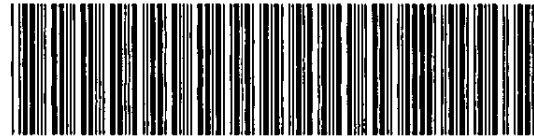
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000250881960

08/23/13--01026--002 **85.00

SECRETARY OF STATE
MAIL ROOM/REGISTRATION

2013 AUG 23 PM 12: 24

FILED

AUG 26 2013

T CLINE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA ELECTRIC PARTNERSHIP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000080205

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:

HERBERT H. SHAW

Name of Person

FLORIDA ELECTRIC PARTNERSHIP, LLC

Name of Firm/Company

2386 DORA DRIVE

Address

CLEARWATER, FL 33765

City/State and Zip Code

HERB14.FEP@GMAIL.COM

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

For further information concerning this matter, please call:

HERB SHAW

Name of Person

at **(727) 458-7026**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 23 PM 12: 24

FILED

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,

FAUSTO A. LAGO

, hereby resigns as

Name of Registered Agent

Registered Agent for **FLORIDA ELECTRIC PARTNERSHIP, LLC**

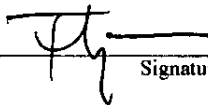
Name of Limited Liability Company

L13000080205

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:

N/A

Typed or Printed Name

N/A

Capacity

2013 AUG 23 PM 12: 24
FILED
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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