

L13000093738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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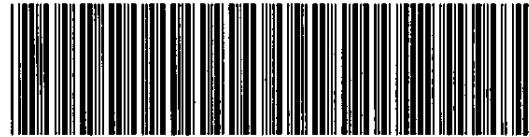
(Business Entity Name)

(Document Number)

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*Resignation
of RA*

10/20/14--01013--022 **652.50

FILED
2014 OCT 20 PM 1:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

Bob

10/31/14

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

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

BRIAN E. LANGFORD

Name of Registered Agent

, hereby resigns as

Registered Agent for SDKB PARTNERSHIP, LLC

Name of Limited Liability Company

L13000093738

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:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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