

43000109982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

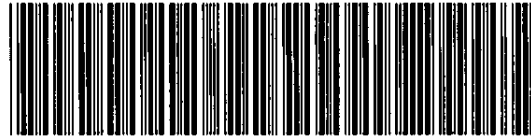
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Resignation
to RA*

08/29/14--01008--012 **135.00

FILED
2911 AUG 29 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*OR
9/8/14*

**00789,00524, 00671*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3145 Partners, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Thomas M. Egan

(Contact Person)

Thomas M. Egan, Chartered

(Firm/Company)

2107 SE 3rd Ave.

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas M. Egan at (352) 629-7110

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

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

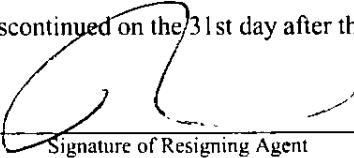
Thomas M. Egan _____, hereby resigns as
Name of Registered Agent

Registered Agent for 3145 Partners, LLC _____
Name of Limited Liability Company

L13000109982 _____
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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2011 AUG 29 PM 12:27
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TALLAHASSEE, FLORIDA