

L13000152064

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DIVISION OF CORPORATIONS
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C. LEWIS
AUG 7 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All American Massage LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 13000152064

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:

Edward N. Sams or Lara Bush
Name of Person

All American Massage LLC
Name of Firm/Company

5001 S. University Dr. Suite H
Address

Davie / FLORIDA / 33328
City/State and Zip Code

tedsams@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward N. Sams at (954) 305-7977
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

LARA L. BUSH

Name of Registered Agent

, hereby resigns as

Registered Agent for

All American Massage LLC

Name of Limited Liability Company

L13000152064

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.

Lara L. Bush

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

14 JUL 25 AM 9:19
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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withdrawn limited liability company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