

L14000025457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

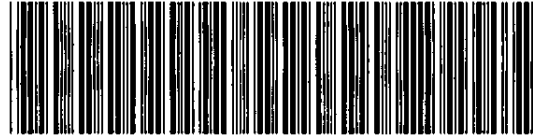
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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500258370505

*Resignation  
of RA*

04/09/14--01018--017 \*\*85.00

FILED  
2014 APR -9 AM 8:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*4/16/14*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE OBJECT SHOP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000025457

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:

BRIAN A. ZUCKERMAN

Name of Person

THE OBJECT SHOP, LLC

Name of Firm/Company

19815 Sea Rider Way

Address

Lutz, FL 33559

City/State and Zip Code

brian@supplyguys.net

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

For further information concerning this matter, please call:

Brian A. Zuckerman

Name of Person

at ( 813 ) 909-8656

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
APR - 9 AM 8:57  
TALLAHASSEE, FLORIDA

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

Andrew T. Oster, Jr.

, hereby resigns as

Name of Registered Agent

Registered Agent for The Object Shop, LLC

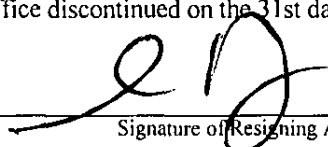
Name of Limited Liability Company

L14000025457

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.

X   
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