

L14000090423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

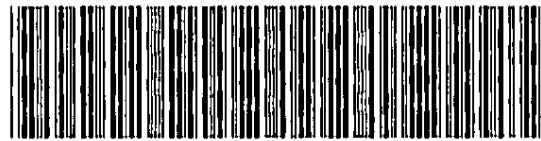
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900305132139

11/03/17--01027--010 **87.50

FILED

2017 NOV 20 PM 4:08

TALLAHASSEE, FLORIDA

NOV 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

DAWN M EBERLE
149 E NEW ENGLAND DR
ELKTON, FL 32033

SUBJECT: FIRST MAN MANAGEMENT, LLC
Ref. Number: L14000090423

We have received your document for FIRST MAN MANAGEMENT, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijoux
Regulatory Specialist

Letter Number: 317A00022473

2017 NOV 20 PM 2:42

RECEIVED

2017 NOV 20 PM 2:42

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Man Management, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000090423

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:

Dawn M. Eberle
Name of Person

First Man Management, LLC
Name of Firm/Company

149 E. New England Dr.
Address

Elkton, FL 32033
City/State and Zip Code

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

For further information concerning this matter, please call:

Dawn M. Eberle at (407) 765-0849
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2017 FEB 20 P 10 08
Tallahassee, FL

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

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

DAWN M. EBERLE, hereby resigns as
Name of Registered Agent

Registered Agent for First Man Management, LLC
Name of Limited Liability Company

214000090423
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.

Dawn M. Eberle
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