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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 06 2015  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CK License, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000118827

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:

Jolie Davis

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

PO Box 6

\_\_\_\_\_  
Address

Cedar Key, Florida 32625

\_\_\_\_\_  
City/State and Zip Code

joliedavis@bellsouth.net

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

For further information concerning this matter, please call:

Jolie Davis

\_\_\_\_\_  
Name of Person

at ( 352 ) 262-2101

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for an active limited liability company or ~~\$25.00~~ for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

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

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

Landa J. Allen

Name of Registered Agent

, hereby resigns as

Registered Agent for CK License, LLC

CK License, LLC

Name of Limited Liability Company

L15000118827

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.

Landa J. Allen

Signature of Resigning Agent

If signing on behalf of an entity:

Landa J. Allen

Typed or Printed Name

Manager Member

Capacity

FILED  
OCT -5 AM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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