

L9100008143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

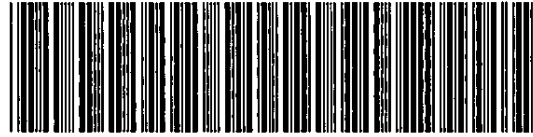
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC 23 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SORELLE PARTNERS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 99000008143

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:

SHERRIE HALLOCK  
Name of Person

GUNSTER  
Name of Firm/Company

280 W. CANTON AVE., SUITE 330  
Address

WINTER PARK, FL 32789  
City/State and Zip Code

SHALLOCK@GUNSTER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERRIE HALLOCK at ( 407 ) 647-7645  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

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2016 DEC 22 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
POHL + SHORT, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for SORELLE PARTNERS, LLC

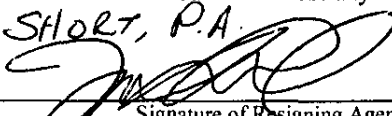
Name of Limited Liability Company

L99 000008143

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.

POHL + SHORT, P.A.  
BY:   
Signature of Resigning Agent  
FRANK L. POHL, VICE PRES

If signing on behalf of an entity:

FRANK L. POHL  
Typed or Printed Name  
VICE PRES  
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