## M0300002602

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SECRETARY OF STATE
AFLAHASSEE. FLORIDA

At Resign Frans

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Rat Pack LLC  (Name of Limitation)  DOCUMENT NUMBER: M03000002602	ted Liability Company)
The enclosed Resignation of Registered Agent for filing.	or a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the following:
Wesley L. Burnham, Jr.  (Name of Person)	
(Name of Firm/Company)	<del> </del>
10010 Hutchison Blvd.	. <u>.                                   </u>
Panama City Beach, FL 32407 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Barbara Stokesbary at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative limited liability company.	Department of State for \$85.00 for an active limited ely dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,
Wesley L. Burnham, Jr.	, hereby resigns as
(Name of Registered Agent)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for Rat Pack LLC	
(Name of Limited Liability Compa	(Auto)
(rune of Emilia Endonsy Compe	mg 3 O
M0300002602	B: Of
(Document Number, if known)	ROA
A copy of this resignation was mailed to the above listed limited	l liability company at its last known address.
The agency is terminated and the office discontinued on the 31s  (Signature of Resign	Julas
If signing on behalf of an entity:  WESLEY L. 15  (Typed or Printed Name)	PURNHAM, JR
(Capacity)	

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admi

Active limited liability company
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withdrawn limited liability company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