

MD4000002121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600156067536

05/19/09--01014--010 **25.00

FILED
09 MAY 19 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 20 2009

EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Florida Filing and Search Services, Inc., hereby resigns as
(Name of Registered Agent)

Registered Agent for Rees 403, LLC
(Name of Limited Liability Company)

M04000002121
(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.

Pamela R. Polley
(Signature of Resigning Agent)

If signing on behalf of an entity:

Pamela R. Polley
(Typed or Printed Name)
CFO
(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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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