L06000012407

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C. LEWIS

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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
·SUBJECT: 3112 Azeele, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L06000012407
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:
John H. Rains III (Name of Person)
John H. Rains III, P.A. (Name of Firm/Company)
501 East Kennedy Boulevard Suite 750 (Address)
Tampa, FL 33602 (City/State and Zip Code)
For further information concerning this matter, please call:
Sandra Albee at (813) 221-2777 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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	2) or 608.509, Florida Statutes, the undersigned,
John H. Rains III, P.A.	, hereby resigns as
(Name of Registered Ager Registered Agent for 3112 Azeele,	
(Name of Lim	ited Liability Company)
L06000012407	
(Document Number, if known)	
The agency is terminated and the office discon	pove listed limited liability company at its last known address. Indued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
- 11 .	yped or Printed Name)
President	(Capacity)
FILING I \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/

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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