

L08000082622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

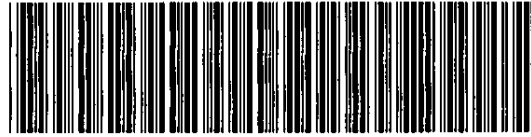
(Business Entity Name)

(Document Number)

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Office Use Only



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Resignation  
to RA

12/23/09--01001--022 \*\*280.00

RECEIVED  
09 DEC 22 PM 4:38  
FILED  
09 DEC 22 PM 4:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
12/22/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Green Coast Reservation Services, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000082622

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:

Kimberly D. Garner  
Name of Person

Green Coast Villas Reservation Services, LLC  
Name of Firm/Company

1700 Summit Lake Drive  
Address

Tallahassee, FL 32317  
City/State and Zip Code

kim.garner@mainline.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Garner at ( 850 ) 219-5221  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

09 DEC 22 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Russell S. Doster

Name of Registered Agent

, hereby resigns as

Registered Agent for Green Coast Villas Reservation Services, LLC

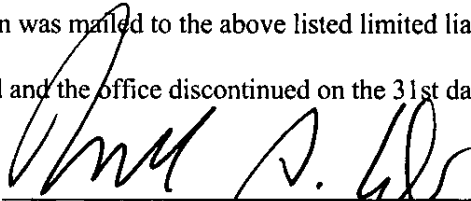
Name of Limited Liability Company

L08000082622

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Kimberly D. Garner

Typed or Printed Name

Authorized Representative

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**