

L10000038751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

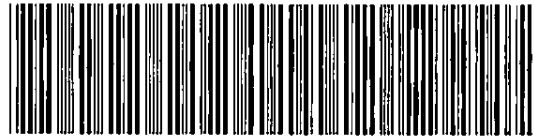
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG -9 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL 09107

FILED

2017 AUG -9 PM 4:01

K. SALY
AUG 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Club Ventures, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000038751

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:

Garvin B. Bowden
Name of Person

Gardner Bist
Name of Firm/Company

1300 Thomaswood Drive
Address

Tallahassee, Florida 32308
City/State and Zip Code

garvin@gbwlegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garvin B. Bowden at (850) 385-0070
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Garvin B. Bowden, hereby resigns as
Name of Registered Agent

Registered Agent for Florida Club Ventures, LLC

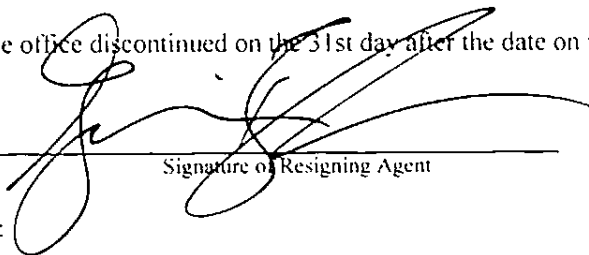
Name of Limited Liability Company

L10000038751

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:

Typed or Printed Name

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

2011 AUG -9 AM 9:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314