

A030000001720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

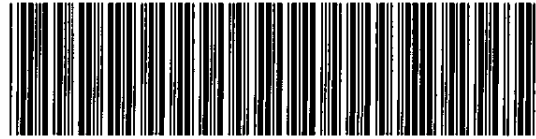
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G. MCLEOD

MAY 16 2008

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FLORIDA SHORELINE INVESTMENTS, LTD  
(Name of Limited Liability Company)

DOCUMENT NUMBER: A03000001720

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:

BRENDA McNEELY  
(Name of Person)

(Name of Firm/Company)

PO Box 5004

(Address)

ORMOND BEACH FL 32175

(City/State and Zip Code)

For further information concerning this matter, please call:

BRENDA McNEELY at (386) 212-4634  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

\$ 25.00

## 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,

BRENDA MCNEELY

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

FLORIDA SHORELINE INVESTMENTS LTD

(Name of Limited Liability Company)

A03000001720

(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.

Brenda McNeely

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAY 15 PM 3:28

### 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