5000001839

(Re	equestor's Name)	-
(Ad	ldress) .	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	A.	LUNT
,	MAF	R 1 5 2011
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03/16/12--01001--005 **60.00

02/03/12--01024--023 **25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2012

MICHAEL A. LINSKY, ESQ 412 E. MADISON ST. SUITE 800 TAMPA, FL 33602

SUBJECT: RIDGE MANOR DEVELOPMENT, LTD.

Ref. Number: A9500001839

We have received your document for RIDGE MANOR DEVELOPMENT, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee is \$85.00 for a active entity.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 712A00004720

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

Division of Corporations Ridge Manor Development, Ltd.
Name of Limited Liability Company SUBJECT:_ A95000001839 **DOCUMENT NUMBER:** 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: Michael A. Linsky, Esq. Name of Person Name of Firm/Company 412 E. Madison St, Suite 800 Address Tampa, FL 33602 City/State and Zip Code mlinsky4941@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael A. Linsky, Esq. 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

W. Pa	rkinson Myers	, hereby resigns as	
	of Registered Agent	,,,	
Registered Agent for	Ridge Manor De	evelopment, Ltd.	_
	Name of Limited Liability Company	,	•
A950000018	39	•	
Document Number, it	known		
A copy of this resignation was	mailed to the above listed limited l	liability company at its last known address	S.
The agency is terminated and t	ne office discontinued on the 31st	day after the date on which this statement	is filed.
	(D. P)		
, ar	Signature of Resignin		•
If signing on behalf of an entity	' :	1012	
	W. Perkencon M	ALLAHASSI	
	Typed or Printed Name	(1)	•
	Capacity	OF STA	
		A CAS	·
	FILING FEES:		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

\$ 85.00 \$ 25.00 Active limited liability company/
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Tallahassee, FL 32314

\$ \$ 50