

A97000002443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

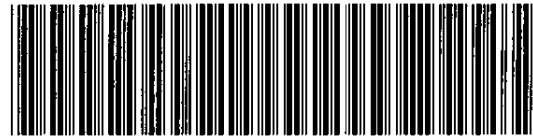
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000187617420

11/16/10--01004--019 **330.00

FILED
2010 NOV 16 A 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
News
11-23-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sea Oaks Investment GP, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000002443

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Margaret Tripp
Contact Person

Firm/Company

1235 Winding Oaks Circle
Address

Verd Beach Fl. 32963
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person _____ at (772) 231-9820
Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☐ \$87.50 Filing Fee ☒ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

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

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

**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,

Jacques Brion

Name of Registered Agent

Registered Agent for Sea Oaks Investment GP, LTD.

Name of Limited Liability Company

A97000002443

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]
Signature of Resigning Agent

If signing on behalf of an entity:

Sea Oaks Investment GP, LTD

Typed or Printed Name

Agent

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withdrawn limited liability company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

FILED
2000 NOV 16 A 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/16/10