201000003969

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SECRETARY OF STATE
DIVISION OF CORPORATIONS



TRANSMITTAL LETTER

Monterey Inn & Marina, LLC	
SUBJECT: (Name of Limited Liability Company)	
DOCUMENT NUMBER: L01000003969	
The enclosed Resignation of Registered Agent for a Limited Liability for filing.	Company and fee are submitted
Please return all correspondence concerning this matter to the following	ıg:
Mary F. Fendle, Paralegal (Name of Person)	
Dean Mead	
(Name of Firm/Company)	200 200
P. O. Box 2346	DIVISION C 2006 MAR
(Address)	R - 8
Orlando, FL 32802-2346	ILEU RRY OF CORPC
(City/State and Zip Code)	≅
For further information concerning this matter, please call:	RATIONS
Mary Fendle at (407) 428-5	19
(Name of Person) (Area Code & Daytin	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.50	9, Florida Statutes, the undersigned,		
Dean Mead Services, LLC		, hereby resigns as		
	(Name of Registered Agent)			
Registered Agent for _	Monterey Inn & Marina, LLC		,	
	(Name of Limited Liability C	Ompany)		
L01000003969				
(Document Nu	mber, if known)			
A copy of this resignat	ion was mailed to the above listed li	mited liability company at its last known	addres	ss.
The agency is terminat	ed and the office discontinued on the	e 31st day after the date on which this sta	atemen	t is filed.
	(Signature of Resigni	ing Agent)	2006 HAR	SECRE
If signing on behalf of an entity:		- 8	다 유 유 유	
	Steven C. Lee, Esq.			## ## ##
	(Typed or Printed	Name)	AH 8:	STE ORA
	Vice President			110) VI (
	(Capacity)		ယ	7.00

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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