

L01000018017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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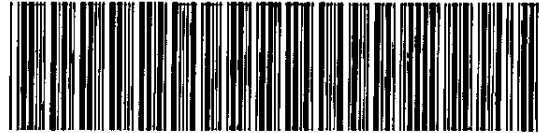
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-28  
M. K. ...

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** West Oaks/Finlay III, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L010000018017

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:

Shaneka McDonald, Clerk  
(Name of Person)

Broad and Cassel  
(Name of Firm/Company)

390 N. Orange Ave., Suite 1100  
(Address)

Orlando, FL 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shaneka McDonald at ( 407 ) 481-5210  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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,

B&C Corporate Services of Central Florida, Inc., hereby resigns as  
(Name of Registered Agent)

Registered Agent for West Oaks/Finlay III<sup>AP</sup>, LLC

(Name of Limited Liability Company)

L01000018017

(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.

By: B&C Corporate Services of Central Florida, Inc.

(Signature of Resigning Agent)

Robyn Noren, Vice President

If signing on behalf of an entity:

Robyn L. Noren

(Typed or Printed Name)

Vice President

(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

05 SEP 22 PM 3:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE