

LO1000020793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

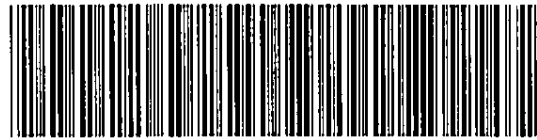
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/29/17--01025--023 \*\*160.00

17 DEC 29 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Law Offices of Timothy K. Anderson  
**TIMOTHY K. ANDERSON, ESQ.**  
480 Maplewood Drive, Suite 5  
Jupiter, Florida 33458

Brent E. Carrington  
Title Agent/Closer

Lorraine A. Hinkle  
Legal Assistant

December 28, 2017

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

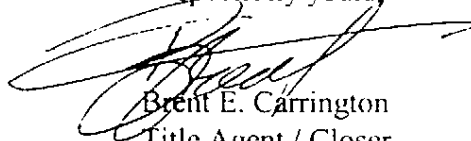
Re: HIDEAWAY HOMES, LLC

Dear Clerk:

Please find enclosed our Trust Account Check number 5862 in the amount of \$160.00. This represents the fees to file the enclosed LLC forms in regards to the changes to the above referenced company.

Should you require additional information, please do not hesitate to contact our office.

Respectfully yours,



Brent E. Carrington  
Title Agent / Closer

/bcc

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIDEAWAY HOMES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L01000020793

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:

CAROLYN J WOOLLEY

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

1940 CIRCLE DRIVE

\_\_\_\_\_  
Address

NORTH PALM BEACH, FL 33408

\_\_\_\_\_  
City/State and Zip Code

*talking to craig@hotmail.com*

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

For further information concerning this matter, please call:

CAROLYN J WOOLEY

\_\_\_\_\_  
Name of Person

at ( *561* ) *628-2994*  
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:**

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

**STREET ADDRESS:**

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CAROLYN J WOOLLEY

, hereby resigns as

Name of Registered Agent

Registered Agent for HIDEAWAY HOMES, LLC

Name of Limited Liability Company

L01000020793

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.

*Carolyn J Woolley* 12-22-17  
Signature of Resigning Agent

If signing on behalf of an entity:

CAROLYN J WOOLLEY

Typed or Printed Name

REGISTERED AGENT AND MANAGER

Capacity

17 DEC 29 AM 7:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

### **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**