

W2 000015864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

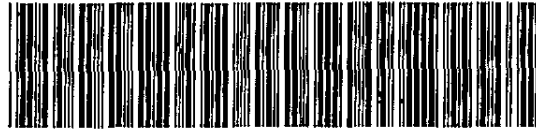
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900038340759

06/29/04--01063--013 \*\*110.00

W2-15864  
R

**SPOTTSWOOD, SPOTTSWOOD AND SPOTTSWOOD**  
**ATTORNEYS AND COUNSELORS AT LAW**  
500 FLEMING STREET  
POST OFFICE BOX 1900  
KEY WEST, FLORIDA 33041-1900

JOHN M. SPOTTSWOOD, JR.  
WILLIAM B. SPOTTSWOOD  
ERICA N. HUGHES

TELEPHONE  
305-294-9556  
FAX  
305-292-1982

OF COUNSEL:  
JOHN M. SPOTTSWOOD (1920-1975)  
ROBERT A. SPOTTSWOOD

June 25, 2004

DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

RE: Keys Free Money, LLC

Dear Sir or Madam:

Enclosed are the Resignation of Registered Agent for a Limited Liability Company and Resignation of Member, Managing Member or Manager regarding Keys Free Money, LLC, for filing. Also enclosed is our firm's check in the amount of \$110.00, which represents filing fees of \$85.00 for the Resignation of Registered Agent and \$25.00 for the Resignation of the Managing Member.

If you have any questions, please do not hesitate to contact our office.

Sincerely,



Gae Ganister, Assistant to  
ERICA N. HUGHES, Esq.

/gg  
Enclosures

RECEIVED  
JUN 25 2004  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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,

Lanny Gardner, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Keys Free Money, L.L.C.

(Name of Limited Liability Company)

L02000015864

(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 of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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