

**L020000026323**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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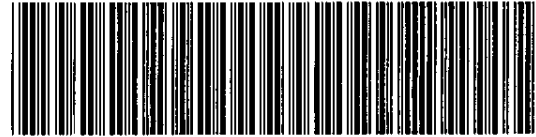
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

JUL 28 2011

**EXAMINER**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Old Corkscrew Plantation II, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L02000026323

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:

Manager  
Name of Person

Four West LLC  
Name of Firm/Company

903 E. 104th Street Suite 630  
Address

Kansas City, MO 64131  
City/State and Zip Code

SCWE145@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Westlake at ( 913 ) 636-2200  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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,

Kevin R. Lottes, Esq., c/o Porter, Wright, Morris & Arthur LLP, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_

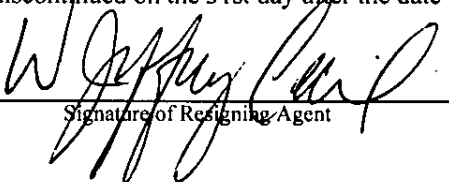
Old Corkscrew Plantation II, LLC  
Name of Limited Liability Company

L02000026323

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:

W. Jeffrey Cecil, Esq.

Typed or Printed Name

Managing Partner, PWM&A LLP

Capacity

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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11 JUL 27 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314