

LD300000 2450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

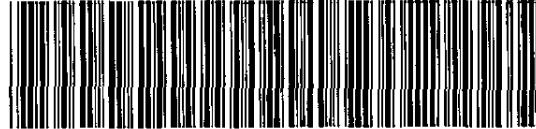
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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Law Offices of
Voigt & Voigt, P.A.
Attorneys at Law

2042 Bee Ridge Road
Sarasota, Florida 34239

Telephone (941) 925-2324
Fax (941) 925-2924

August 22, 2005
VIA OVERNIGHT DELIVERY

Florida Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: Resignation of Registered Agent for Affinity Homes of Sarasota, LLC

Dear Sir or Madam:

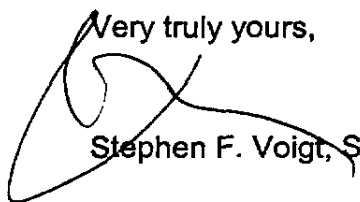
Enclosed herewith are the original and one (1) copy of a Resignation of Registered Agent for filing in the records of the Division of Corporation.

Please return a copy of the Resignation to this office after the original has been filed in the records of the State of Florida.

I am also enclosing my check in the amount of \$85.00, which represents the filing fee of the Resignation.

Thank you for your prompt attention to and cooperation in this matter. Should you have any questions or need further information, please do not hesitate to contact this office.

Very truly yours,



Stephen F. Voigt, Sr.

SFVsr/mz
Enclosures

cc: Affinity Homes of Sarasota, LLC

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,

VOIGT & VOIGT, P.A.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for AFFINITY HOMES OF SARASOTA, LLC

(Name of Limited Liability Company)

L03000002450

(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:

STEPHEN F. VOIGT, SR.

(Typed or Printed Name)

PRESIDENT

(Capacity)

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05 AUG 26 PM 1:14
SECRETARY 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