

L03000006942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

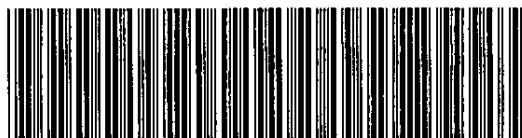
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700275493397

08/03/15--01031--009 \*\*25.00

FILED

15 AUG -3 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 11 2015

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TANGIERS DEVELOPMENT, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L03000006942

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:**

BEAU SARIDIS

Name of Person

Name of Firm/Company

2901 S GREENLEAF CIR

### Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

badabeau@aol.com

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

**For further information concerning this matter, please call:**

BEAU SARIDIS

Name of Person

at ( 954 ) 547-8572

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

BEAU SARIDIS

Name of Registered Agent

, hereby resigns as

Registered Agent for

TANGIERS DEVELOPMENT, LLC

Name of Limited Liability Company

L03000006942

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

**FILED**  
15 AUG -3 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA