

LE20000013334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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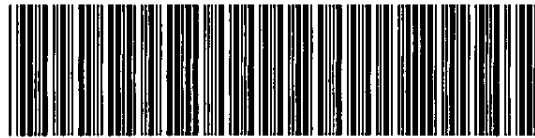
(Business Entity Name)

(Document Number)

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

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200103992592

*Resignation*  
*of*  
*RA*

06/15/07--01068--004 \*\*85.00

FILED

2007 JUN 15 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AR*  
*6/19/07*



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June 6, 2007

RE: GULF BREEZE VILLAS, LLC (FL.DOM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$85.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri (lk)*

Senior Supervisor & Assistant Secretary

TA/lk  
Enclosure

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*Theresa Alfieri (lk)*

Senior Supervisor & Assistant Secretary

TA/lk  
Enclosure

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

**FILED**  
2007 JUN 15 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

\_\_\_\_\_, hereby resigns as  
(Name of Registered Agent)

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

GULF BREEZE VILLAS, LLC (FL.DOM.)

\_\_\_\_\_  
(Name of Limited Liability Company)

L03000013334

\_\_\_\_\_  
(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:

C T CORPORATION SYSTEM - Theresa Alfieri

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

ASSISTANT SECRETARY

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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