

L030000009367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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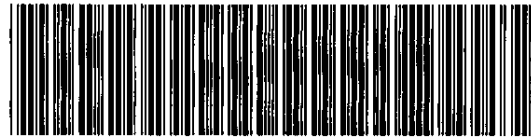
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 SEP 29 AM 10:38

T. HAMPTON
SEP 30 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grove Properties, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000019367

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:

Maximilian J. Schenk
Name of Person

Schenk & Associates, PLC
Name of Firm/Company

995 North Collier Blvd
Address

Marco Island, Florida 34145
City/State and Zip Code

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

For further information concerning this matter, please call:

Danielle Parks at (239) 394-7811
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



Schenk & Associates, PLC
Counselors at Law

September 27, 2010

Marco Island Office

Via First Class Mail

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

Re: *Resignation of Registered Agent for a Limited Liability Company*

To Whom It May Concern:

Enclosed please find two Resignation of Registered Agent for a Limited Liability Company forms for the following Limited Liability Companies.

- Grove Properties, LLC
- Nutring, LLC

If you have any questions or concerns, please contact me at 239-394-7811.

Yours truly,

Danielle Parks
Case Coordinator

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,

Schenk & Associates, PLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Grove Properties, LLC

Name of Limited Liability Company

L03000019367

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:

Maximilian J. Schenk

Typed or Printed Name

Managing Member

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 29 AM 10:08