# L0300033339

(Requestor's Name)			
(Address)			
(Address)			
(Addiedd)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
_			
(Business Entity Name)			
. (Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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TALLAHASSEE, FLORII

OCT 20 2014 T. CARTER

LIC RA Resign

### COVER LETTER

SUBJECT: Haskell Residential, LLC	
SUBJECT: Name of Limited L	Liability Company
DOCUMENT NUMBER: L03000033339	
DOCUMENT NUMBER.	
The enclosed Resignation of Registered Agent for a L for filing.	Limited Liability Company and fee are submit
Please return all correspondence concerning this matt	atter to the following:
James I. Vance Berry, Jr.	
Name of Person	<del></del>
Balch & Bingham LLP	
Name of Firm/Company	
841 Prudential Drive, Suite 1400	
Address	
Jacksonville, Florida 32207	
City/State and Zip Code	
rfallis@balch.com	
E-mail address: (to be used for future annual report notific	fication)
For further information concerning this matter, please	se call:
Robin Fallis 904	)
Name of Person Area	rea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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,		
Stoneburner Berry Glocker Purcell & Greenhut, P.A., * , hereby resigns as		₹.,
*formerly Stoneburner, Berry & Simmons, P.A.	20 4	SECRE LLLA
Registered Agent for Haskell Residential, LLC	<del>-</del>	- <u>XX</u>
	9	SSRY.
Name of Limited Liability Company	PH 12:	OF SI
L03000033339	<u>~</u>	22
Document Number, if known	_	A
A copy of this resignation was mailed to the above listed limited liability company at its last known that the agency is terminated and the office discontinued on the 31st day after the date on which this		
Signature of Besigning Agent  If signing on behalf of an entity:		
James I. Vance Berry, Jr.		
Typed or Printed Name		
President		
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