603000049531

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(Address)					
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(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE

J. BRYAN
NOV 2 3 2010
EXAMINER

COVER LETTER

SUBJECT: National Recreational Properties of Sugarmill, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L03000049531
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:
Mary Claire Quella, Esq. Name of Person
National Recreational Properties, Inc. Name of Firm/Company
1 Mauchly Address
National Recreational Properties, Inc. Name of Firm/Company 1 Mauchly Address Irvine, CA 92618 City/State and Zip Code
mquella@quellalaw.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Claire Quella, Esq. at (949) 465-8567 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 608.416(2) or 608.50	9, Florida Statutes, the ur	idersigned,
ſ	Robert E. Dady	, hereby r	esigns as
	me of Registered Agent	,,	-5.B.15 ta
Registered Agent for National Recreational Properties of Sugarmill, LLC			
	Name of Limited Liability (Company	<u></u> 1
L0300004	19531		
Document Number	er, if known		
A copy of this resignation v	vas mailed to the above listed li	imited liability company a	at its last known address.
The agency is terminated ar		re 31st day after the date of	on which this statement is filed.
If signing on behalf of an er	ntity:	V	S S
	Robert E. [Dady	F 12 10 NOV 22 SECRETAR ALLAHASS
	Typed or Printed	Name	X 2
_	Registered A	Agent	<u>``</u> `
	Capacity		PM 1:39 OF STATE

Make checks payable to Florida Department of State and mail to: Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314