

LD3000054092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

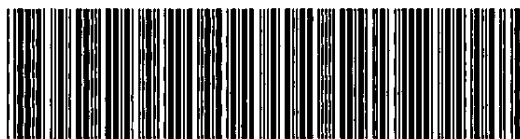
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2010 MAR 24 P 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Tennis  
3-26-10

**BILL MCFARLAND, P.A.**  
ATTORNEYS AT LAW

2930 Del Prado Boulevard, Suite A, Cape Coral, Florida 33904  
P.O. Box 101507, Cape Coral, Florida 33910

Phone: (239) 549-5680  
Fax: (239) 549-0932

March 22, 2010

Florida Department of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Resignation of Registered agent for LHDD, LLC

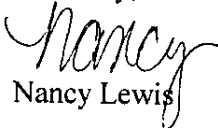
To Whom It May Concern:

Enclosed please find the cover letter and Resignation of Registered Agent for a Limited Liability Company along with our check in the amount of \$85.00 for filing said Resignation.

If you have any questions, please do not hesitate to contact my office.

Thank you for your time and attention.

Sincerely,

  
Nancy Lewis

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L. H. D. D., L. L. C.  
Name of Limited Liability Company

DOCUMENT NUMBER: L03000054092

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:**

Stephen W. Haywood  
Name of Person

Name of Firm/Company

3613 Del Prado Blvd. 2nd Floor Suite A  
Address

Cape Coral FL 33904  
City/State and Zip Code

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

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

STEPHEN Haywood at (239) 225-8684  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

Stephen W. Haywood

Name of Registered Agent

Registered Agent for L. H. D.D., L.L.C.

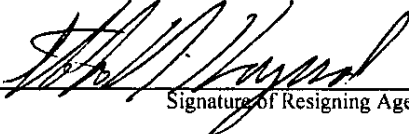
Name of Limited Liability Company

L03000054092

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.

x   
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

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TALLAHASSEE, FLORIDA