

L03000056133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

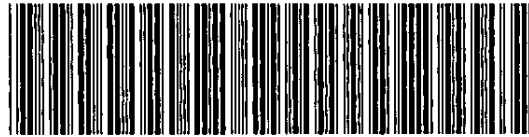
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700250301917

08/12/13--01010--023 **25.00

FILED
13 AUG 12 PM 5:00
CLERK OF COURT
JULIA M. SMITH
TALLAHASSEE, FLORIDA

AUG 14 2013
D. BUTLER

KOENIG HIGHSMITH & VAN LOON, P.A.

TIMOTHY J. KOENIG
ROBERT E. HIGHSMITH*
DAVID VAN LOON
KASEY W. LIBERATORE

3158 NORTHSIDE DRIVE
KEY WEST, FLORIDA 33040
TELEPHONE (305) 296-8851
FACSIMILE (305) 296-8575

*BOARD CERTIFIED WILLS TRUSTS & ESTATES ATTORNEY

August 8, 2013

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

Re: Resignation of Registered Agent for Angler's Reef LLC

To Whom It May Concern:

Enclosed please find the documents for resignation of the registered agent for Angler's Reef LLC and a check for \$25.00 representing the fee to do so.

If you have any questions, please feel free to contact me.

Thank you,



Kasey W. Liberatore

FILED
13 AUG 12 PM 5:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANGLER'S REEF LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000056133

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:

EVERETT ATWELL

Name of Person

Name of Firm/Company

P.O. BOX 258

Address

LITHIA, FL 33547

City/State and Zip Code

eatwell@tampabay.rr.com

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

For further information concerning this matter, please call:

Everett Atwell at (863) 398-6064

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
13 AUG 12 PM 5:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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,

FELDMAN, KOENIG & HIGHSMITH, P.A., hereby resigns as

Name of Registered Agent

Registered Agent for **ANGLER'S REEF LLC**

Name of Limited Liability Company

L03000056133

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:

David Van Loon, Esq.

Typed or Printed Name

Partner

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
13 AUG 12 PM 5:01