

L04000001569

(Requestor's Name)

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(City/State/Zip/Phone #)

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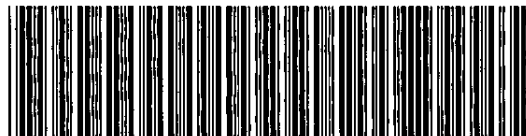
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR -2 PM 4:07

MAR 04 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CYPRESS GROUP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000001569

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:

John J. Kabboord, Jr., PA
Name of Person

John J. Kabboord, Jr., PA
Name of Firm/Company

1980 N. Atlantic Avenue, Suite 801
Address

Cocoa Beach, FL 32931
City/State and Zip Code

john@kabboord.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Reeves at (321) 799 3388
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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,

F. Palmer Williams

Name of Registered Agent

, hereby resigns as

Registered Agent for

THE CYPRESS GROUP, LLC

Name of Limited Liability Company

L04000001569

Document Number, if known

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TALLAHASSEE, FLORIDA

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:

F. Palmer Williams

Typed or Printed Name

Registered Agent

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