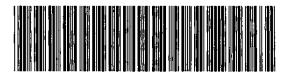
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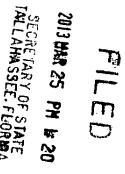
(Rec	uestor's Name)		
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(City	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
MAR 2 8 2013			
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Myakka Ranch Holdings, LLC Name of Limited Liability Company DOCUMENT NUMBER: L04000004913
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:
James R. Schier Name of Person
Name of Firm/Company 5800 Lakewood Ranch Blvd. Address
Sarasota, FL 34240 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
James R. Schier at (941) 328-1040 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 608.50	9, Florida Statutes, the undersigned,	AHASS
James R. Schier	, hereby resigns as	SSER SSER
Name of Registered Agent	, nereby resigns as	77.0
Registered Agent for Myakka Ranch Holding	s, LLC	E PART N
		Territoria Co
Name of Limited Liability C	ompany	
L04000004913		
Document Number, if known		
A copy of this resignation was mailed to the above listed li	imited liability company at its last kno	wn address.
The agency is terminated and the office discontinued on the	ne 31st day after the date on which this Resigning Agent	statement is filed.
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