

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0380

Account Name : CASEY CIKLIN LUBITZ MARTENS & O'CONNELL

Account Number: 076376001447

Phone : (561)832-5900

Fax Number

: (561)833-4209

REGISTERED AGENT RESIGNATION

THE PLACE VIA CLEMATIS, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida State	ites, the undersigned,			
Gary Walk	, hereby resigns as	ZS	0	
(Name of Registered Agent)	, , see any anadan		78	*****
Registered Agent for The Place Via Clematis, LLC	· 	AHA	_ _	,
•		\RY SSE	9	()
(Name of Limited Liability Company)		יות ביי	3	
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(Document Number, if known)		D M	5	
A copy of this resignation was mailed to the above listed limited liability	company at its last know	n addres	g. j	
The agency is terminated and the office discontinued on the 31st day after	r the date on which this s	statement	is file	i.
(Signature of Resigning Agent)				
If signing on behalf of an entity:				
Gary Walk				
(Typed or Printed Name)				
Registered Agent				
(Copacity)				

Active limited liability company
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withdrawn limited liability company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