

LO4000015084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

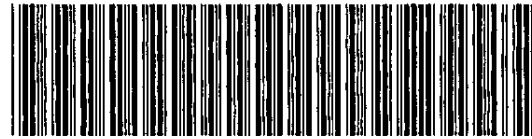
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EXAMINER

SEP 30 2013

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 3805 S. Westshore, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000015084

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:

Ronald Tilton

Name of Person

Covalle Corporation

Name of Firm/Company

3805 S. Westshore Blvd., Ste. D

Address

Tampa, FL 33611

City/State and Zip Code

rtilton@sprintmail.com

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

For further information concerning this matter, please call:

Ronald Tilton

Name of Person

at ( 813 ) 727-1983

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2013 SEP 26 AM 10:37  
FLORIDA DEPARTMENT OF STATE  
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,

Law Office of Donald P. DeCort, P.A., hereby resigns as

Name of Registered Agent

Registered Agent for 3805 S. Westshore, LLC

Name of Limited Liability Company

L04000015084

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.

Donald P. DeCort

Signature of Resigning Agent

If signing on behalf of an entity:

Law Office of Donald P. DeCort, P.A.

Typed or Printed Name

President

Capacity

2008 SEP 26 AM 10:37  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

### 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