

L04 0000 19928

W

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

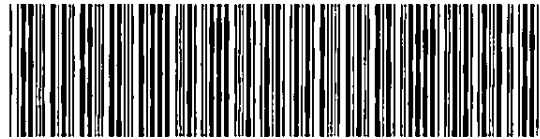
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400431388544

06/14/24--01029--002 **85.00

FILED

2024 JUN 14 PM 1:36

ST. CL. & J. STAFF
TALIA ASSOCIATES, PLLC



COLEMAN • IOVANOVICH • KOESTER

4001 Tamiami Trail North, Suite 300
Naples, Florida 34103
T: 239.435.3535 | F: 239.435.1218

Writer's Email:
alpeschetto@cyklawfirm.com

June 12, 2024

VIA OVERNIGHT DELIVERY

Division of Corporations
Registration Section
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Resignation of Registered Agent for STONEBURNER DEVELOPMENT
COMPANY, LLC, a Florida limited liability company
Document # L04000019928

Gentlemen:

Enclosed please find our firm's operating account check number 37512 payable to the Department of State in the amount of \$85.00 in payment of the filing fee for the enclosed *Resignation of Registered Agent for a Limited Liability Company*.

Please contact me with any questions or comments.

Sincerely,


Amy Pescetto

Enclosures

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

KEVIN G. COLEMAN

, hereby resigns as

Name of Registered Agent

Registered Agent for STONEBURNER DEVELOPMENT COMPANY, LLC

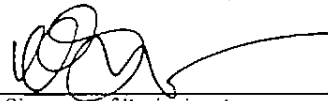
Name of Limited Liability Company

L04000019928

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:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED
2024 JUN 14 PM 1:36
STATE
TALLAHASSEE, FL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314