# Division of Corporations Number of Corporations Florida Department of State

Division of Corporations
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## REGISTERED AGENT RESIGNATION

# CORAL WAY 22 PETROLEUM ENTERPRISES, LLC

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TO: Amendment Section

### TRANSMITTAL LETTER

Division of Corporation	ons	
SUBJECT: CORAL WAY	22 PETROLEUM ENTERPRISES, LLC	
	(Name of Limited Liability Company)	
DOCUMENT NUMBER:	.04000026148	
The enclosed Resignation of I for filing.	Registered Agent for a Limited Liability Compan	y and fee are submitted
Please return all corresponder	ce concerning this matter to the following:	•
Joe B. Cox		
(Name o	of Person)	96 SEC
c/o Cox & Nici		CAHE SER T
(Name of Fi	rm/Company)	ASS
1185 Immokalee Road, Su		AR PEEC P
(Ado	dress)	
Naples, Florida 34110	·	PATE A
(City/State a	nd Zip Code)	<i>G</i>
For further information concer	ming this matter, please call:	;; · · · · · · · · · · · · · · · · · ·
Sarah Servant	at ( 239 ) 254-0706	
(Name of Person	at ( 239 ) 254-0706 (Area Code & Daytime Teleph	one Number)
Enclosed is a check made paya liability company or \$25.00 fo liability company.	able to the Florida Department of State for \$85.00 r an administratively dissolved, voluntarily disso	0 for an active limited dved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

INTIS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, Florida Statutes, the undersign	gned,
Joe B. Cox	, hereby resigns	as
	(Name of Registered Agent)	
Registered Agent for	ORAL WAY 22 PETROLEUM ENTERPRISES, LLC	
	(Name of Limited Liability Company)	<del></del> ,
L04000026148		
(Document Numb	er, if known)	
A copy of this resignation	n was mailed to the above listed limited liability company at its la	ast known address.
The agency is terminated	and the office discontinued on the 31st day after the date on whi	ich this statement is filed.
If signing on behalf of an	· .	06 SEP 14 SECRETARY
	(Typed or Printed Name)	
•	(Capacity)	D: 43 STATE LORID

ILING 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25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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