

LO4000043192

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 25 PM 12:48

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MAR 28 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homestead Acres 866 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000043192

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:

Roy S Shiver Jr.

Name of Person

Homestead Acres 866 LLC

Name of Firm/Company

47 North Krome Avenue

Address

Homestead, FL 33030

City/State and Zip Code

Steve@shiver.com

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

For further information concerning this matter, please call:

Autumn Walker

Name of Person

at (786)

581-5555

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2014 MAR 25 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Gonzalo Gayoso, ESQ

, hereby resigns as

Name of Registered Agent

Registered Agent for **Homestead Acres 866, LLC**

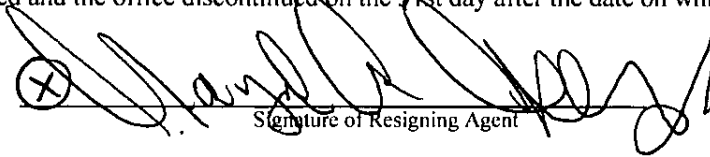
Name of Limited Liability Company

L04000043192

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

FILED
2014 MAR 25 PM 12:48
CLERK OF STATE
TALLAHASSEE FLORIDA

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**