

L04000059301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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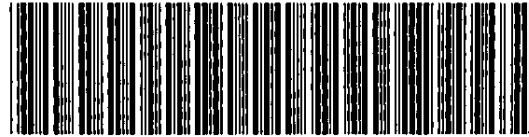
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE

OCT 16 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Carrabelle Landings, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER:

L04000059301

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:

Barbara Stokes

Name of Person

Name of Firm/Company

4800 Whitesburg Drive Suite 30-351

Address

Huntsville, AL 35802

City/State and Zip Code

Barbara@stokedevelopment.net

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

For further information concerning this matter, please call:

Barbara Stokes

Name of Person

at (256) 489-3364

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 Statutes, the undersigned,

William S. Howell Jr. P.A., hereby resigns as
Name of Registered Agent

Registered Agent for Carrabelle Landings, LLC
Name of Limited Liability Company

L04000059301
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]
Signature of Resigning Agent

If signing on behalf of an entity:

William S. Howell Jr.
Typed or Printed Name
President
Capacity

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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