## L040000002333

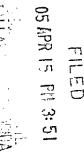
•
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(Address)
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T. Brumbley APR 2 0 2005

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Cedar's Crossing LLC	<del>-</del> .
(Name of Limited Liability Company)	
DOCUMENT NUMBER: L04000062333	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee ar for filing.	e submitted
Please return all correspondence concerning this matter to the following:	
Charles W. Commander, Jr.	0
(Name of Person)	ين س
Cedar's Crossing LLC	另一
(Name of Firm/Company)	5
2708 Highway 77	FILED 05 APR 15 PM 3:51
(Address)	Ç.
Panama City, Florida 32405	<u></u>
(City/State and Zip Code)	
For further information concerning this matter, please call:  Charlie Commander at (850) 769-8326  (Name of Person) (Area Code & Daytime Telephone Number)	<u>(</u>
•	•

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.5	09, Florida Statutes, the undersign	ed,		
Michael D. Peaden		, hereby resigns as	i		
	(Name of Registered Agent)		,	• •	
Registered Agent for	Cedar's Crossing LLC		<u> </u>		_
	(Name of Limited Liability	Company)		<del></del>	<b></b>
L04000062333					
(Document N	umber, if known)	·			
	tion was mailed to the above listed ted and the office discontinued on (Signature of Resignation)	the 31st day after the date on which			
If signing on behalf o	an entity:		TALL	05/	
	(Typed or Print	ed Name)		05 AP3 15	<u> </u>
	(Capacity)		STEL ORIDA	5 PH 3:51	FILED

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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