

L04000074404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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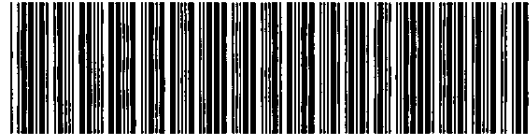
(Business Entity Name)

(Document Number)

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TALAMON, SHERI HARRIS

AUG 07 2014  
C. CARROTHERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sedona Properties of Daytona, LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04200074404

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:

Kristin Conroy  
Name of Person

Conroy, Conroy & Durant, P.A.  
Name of Firm/Company

2210 Vanderbilt Beach Rd. #1201  
Address

Naples, FL 34109  
City/State and Zip Code

Kconroy@naplespropertylaw.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Conroy at ( 239 ) 649-5200  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Kristin M. Conroy, hereby resigns as  
Name of Registered Agent

Registered Agent for Sedona Properties of Daytona, LLC  
Name of Limited Liability Company

LO4000074404  
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.

Kristin M. Conroy  
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  
14 JUL 28 PM 2:09  
TALLHASSEE, FLORIDA

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