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To:

Division of Corporations

Fax Number : (850) 617-6383

Erom:

Account Name : RICHARDS, GILKEY, FITE, SLAUGHTER, PRATESI & WARD, P.A.

Account Number : 075350000244 : (727) 443-3281 Phone Fax Number : (727) 447-8830

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION PANORAMA ON CLEARWATER BEACH, LLC

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OCT 23 2014

T. CARTER

10/22/2014 10:88 FAX 7274478830 HI4000245118 3

TO: Registration Section

Richard Gilkey

₫0002/0003

COVER LETTER

Division of Corporations			
SUBJECT: PANORAMA ON CLEARWATE	ER BEACH,	LLC	
Name of Lin	mited Liability	Company	
DOCUMENT NUMBER: 104000087561			
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning th	is matter to th	e following:	
R, Carlton Ward, Esq.			
Name of Person			
Richards, Gilkey et al			
Name of Firm/Company			
1253 Park Street			
Address	,		
Clearwater, Florida 33756			
City/State and Zip Code			
cward@richardsgilkey.com			
E-mail address: (to be used for future annual report	t notification)		
For further information concerning this matter,	, please call:		
Debra B. Favero	727	443-3281 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrati liability company.	la Departmeni vely dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314		ssee, FL 32301	

INHS17 (2/14)

H 14000 245 118 3

Richard Gilkey

☑ 0003/0003

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Post of the averagely-	a Secretion SDS 0115 Theride Statutes the understand	TAL TAL
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, R. CARLTON WARD , hereby resigns as Name of Registered Agent		CRETALAHA LAHA OCT 2
		ASS ASS
Registered Agent for PANORAMA ON CLEARWATER BEACH, LLC.		A FEE
		v − 11/2 s
	Name of Limited Liability Company	TATE ORID
L04000087561		Þ
Document Nur	nber, if known	
**	n was mailed to the above listed limited liability company at its last kind and the office discontinued on the 31st day after the date on which the Signature of Resigning Agent	
If signing on behalf of ar	entity:	
	Typed or Printed Name	
	Capacity	
	FILING FEES: \$85.00 Active limited liability company Administratively dissolved voluntarily dissolved withdrawn limited liability company	lved/

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

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