

L05000006528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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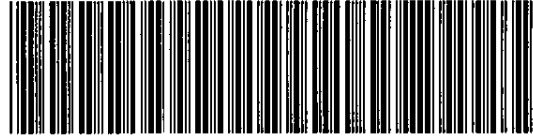
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 28 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Old Corkscrew Plantation VI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000006528

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:

Scott Westlake
Name of Person

Name of Firm/Company

903 E. 104th Street Suite 630
Address

Kansas City, MO 64131
City/State and Zip Code

SCWE145@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Westlake at (913) 636-2200
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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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TALLAHASSEE, FLORIDA

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,

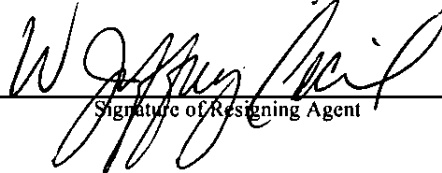
W. Jeffrey Cecil, Esq., c/o Porter, Wright, Morris & Arthur LLP, hereby resigns as
Name of Registered Agent

Registered Agent for _____
Old Corkscrew Plantation VI, LLC
Name of Limited Liability Company

L05000006528
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:

W. Jeffrey Cecil, Esq.
Typed or Printed Name
Managing Partner, PWM&A LLP
Capacity

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

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TALLAHASSEE, FLORIDA