

U5000022870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

U5-22870

(Document Number)

Certified Copies _____

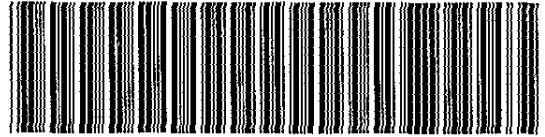
Certificates of Status _____

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06 APR -6 PM 1:10

2006 APR 6 PM 1:10

ML HODGES

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nationstrust Management Co. LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000022870

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:

Louis Stinson, Jr.

(Name of Person)

Louis Stinson, Jr., P.A.

(Name of Firm/Company)

2199 Ponce de Leon Boulevard, Suite 301

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

*Filing Fee
\$85.00*

For further information concerning this matter, please call:

Louis Stinson, Jr.

(Name of Person)

at (305) 444-8807

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Stewart Agent Services

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Nationstrust Management Co. LLC

(Name of Limited Liability Company)

L05000022870

(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:

Louis Stinson, Jr.

(Typed or Printed Name)

Registered Agent

(Capacity)

FILED
06 APR -6 PM 4:10
STATE
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