

LO5000034D19

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

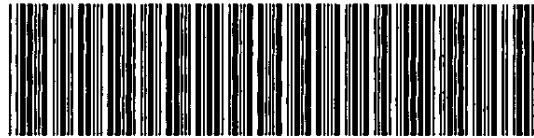
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/28/07--01033--036 **25.00

FILED ED
STATE OF TEXAS
DIVISION OF CORPORATIONS
07 JUN 28 AM 10:45



**CAPITOL
SERVICES**

June 25, 2007

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: TIDES HOTEL EMPLOYER, LLC

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check #13337 in the amount of \$25.00 for the filing fee. Once filed, please return the file-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Mary Ann Quick

Enclosures

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 28 AM 10:45

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TIDES HOTEL EMPLOYER, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000034019

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:

Rhonda Maybin
(Name of Person)

Capitol Corporate Services, Inc.
(Name of Firm/Company)

P.O. Box 1831
(Address)

Austin, TX 78767
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Maybin at (800) 345-4647
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

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DIVISION OF CORPORATIONS
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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,

CAPITOL CORPORATE SERVICES, INC., hereby resigns as
(Name of Registered Agent)

Registered Agent for TIDES HOTEL EMPLOYER, LLC

(Name of Limited Liability Company)

L05000034019

(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:

Cheryl Roberts

(Typed or Printed Name)

President

(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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