

# LO 5 0000 44968

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941) 639-1158  
Fax Number : (941) 639-0028

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

Email Address: CL@Lodge construction.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
PUNTA GORDA INVESTMENT HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

JAN 27 2014

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PUNTA GORDA INVESTMENT HOLDINGS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000044968

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:

Jack O. Hackett II

Name of Person

Farr Law Firm

Name of Firm/Company

99 Nesbit Street

Address

Punta Gorda, Florida 33950

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Foulk

Name of Person

at ( 941 ) 505-9969

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (12/13)

2014 JAN 24 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

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

**GARY A. KAHLE**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **PUNTA GORDA INVESTMENT HOLDINGS, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L05000044968**

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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, FL 32314

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