

LD500045395

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TALLAHASSEE, FLORIDA

MAR 10 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREATFLORIDA INSURANCE OF OSPREY, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L05000045395

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:

SAMUEL SELF

Name of Person

GREATFLORIDA INSURANCE OF OSPREY, LLC

Name of Firm/Company

149 1/2 NORTH TAMIAMI TRAIL

Address

OSPREY, FLORIDA 34229

City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID S. MAGLICH

Name of Person

at (**941**) **957-1900**
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA
16 MAR -9 PM 12:24

STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR GREATFLORIDA INSURANCE OF OSPREY, LLC

In compliance with Section 605.0115(1), Florida Statutes, I hereby resign my appointment as Registered Agent for GreatFlorida Insurance of Osprey, LLC. I hereby affirm that a copy of this Statement of Resignation has been sent to the principal office of the corporation shown in its most recent annual report as follows:

GREATFLORIDA INSURANCE OF OSPREY, LLC
149 ½ N. Tamiami Trail
Sarasota, Florida 34229

Pursuant to the Florida Statutes, my agency with the corporation will be terminated as of the 31st day after the date on which this Statement of Resignation is filed with the Department of State or when a statement of change or other record designating a new registered agent is filed by the Department.



Mary L. Dunn
Registered Agent
149 ½ N. Tamiami Trail
Sarasota, Florida 34229
Dated: March 1, 2016

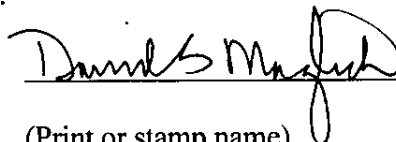
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me on March 1, 2016, by MARY L. DUNN, who ☒ is personally known to me or who ☐ has produced _____ as identification.





(Print or stamp name)

Notary Public

Serial Number (if any) _____

Commission Expiration Date _____