

# L05000045657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

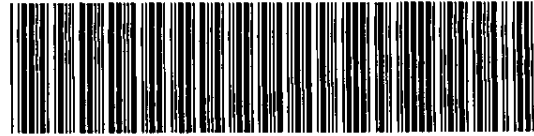
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 25 2012



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2011

LIVINGSTON, PATTERSON, STRICKLAND & SIEGEL, P.A.  
PATRICIA A BLAIR  
46 N. WASHINGTON BLVD, STE. 1  
SARASOTA, FL 34236

SUBJECT: AMERICAN TRUST WATERSIDE PARTNERS, LLC  
Ref. Number: L05000045657

We have received your document for AMERICAN TRUST WATERSIDE PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 511A00028119

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Trust Waterside Partners, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000045657

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:

Patricia Blair  
Name of Person

Livingston, Patterson, Strickland & Siegel, P.A.  
Name of Firm/Company

46 N. Washington Blvd., Suite 1  
Address

Sarasota, Florida 34236  
City/State and Zip Code

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

For further information concerning this matter, please call:

Patricia Blair at ( 941 ) 365-0550  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# 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,

LPS Corporate Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for American Trust Waterside Partners, LLC

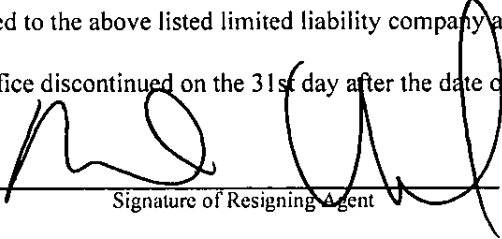
Name of Limited Liability Company

L05000045657

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:

Michael E. Siegel (LPS Corporate Services, Inc)

Typed or Printed Name

Vice 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

FILED  
12 JAN 21 3 AM 0:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA