## L05000049635

(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:					
·					





300076285783

06/19/06--01029--029 \*\*85.00

O6 JUN 19 AM II: 28
SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GATOR TRACE DEVELOPMENT, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L05000049635
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:
(Name of Person)
THE ROY LAW FIRM, PL
(Name of Firm/Company)
411 W. CENTRAL PARKWAY
(Address)
ALTAMONTE SPRINGS, FL 32714
(City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM G. ROY, III  (Name of Person) at (407 ) 869-1414  (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

Pursuant to the provisi	ions of section 608.41	6(2) or 608.509, Florida S	statutes, the undersigned,			
THE ROY LAW FIRM, PL			, hereby resigns as	hereby resigns as		
	(Name of Registered A	gent)				
Registered Agent for _	GATOR TRACE	DEVELOPMENT, LL	.C	<u> </u>		
	(Name of L	imited Liability Company)		·		
L05000049635						
(Document Nu	ımber, if known)	MATERIAL P. (1944-1944) - \$				
A copy of this resignat	tion was mailed to the	above listed limited liabil	lity company at its last knov			
The agency is termina	ted and the office disc	continued on the 31st day a	after the date on which this			
	Sm ~	grature of Resigning Agent)	HASSEE, F	ETARY OF		
If signing on behalf of	an entity:		(0)			
	WILLIAM G. R	ROY, III	40's	<b>28</b>		
	MANAGER	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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