## LQ5000050200

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

**Division of Corporations** Two Thirty One Corners, LLC **SUBJECT:** (Name of Limited Liability Company) DOCUMENT NUMBER: L05000050200 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: Catherine Hester (Name of Person) Harrison, Rivard & Bennett (Name of Firm/Company) 101 Harrison Avenue (Address) Panama City, Florida 32401 (City/State and Zip Code) For further information concerning this matter, please call: Catherine Hester (Name of Person) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

**Mailing Address:** 

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**Street Address:** 

INHS17(11/02)

TO:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.	416(2) or 608.509,	Florida Statu	les, the undersigned,
Harrison, Rivard, 2	Zimmerman & I	Bennett		hereby resigns as
	(Name of Registered	l Agent)	,	,
Registered Agent for	Two Thirty One	e Corners, LLC		
	(Name o	f Limited Liability Co	mpany)	<b>,</b>
L05000050200				
(Document Num	ber, if known)	<del></del>		
A copy of this resignation	on was mailed to t	he above listed lim	nited liability o	company at its last known address.
The agency is terminate	d and the office d	um du	31st day after	the date on which this statement is filed.
If signing on behalf of a	n entity:	ν	/	
	William G. H	arrison, Jr.		
	President	(Typed or Printed N	Jame)	<del></del>
		(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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