

L05000055449

(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:

Office Use Only



400265521054

10/22/14--01014--004 **25.00

FILED
14 OCT 22 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Ra Resignation
inactive*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDY KEY LANE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000055449

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:

SHARON COOKE

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

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

For further information concerning this matter, please call:

PARACORP INCORPORATED

Name of Person

at (800) 533-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
14 OCT 22 PM 3:26
TALLAHASSEE, FL
SECRETARY OF STATE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

PARACORP INCORPORATED

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **SANDY KEY LANE, LLC**

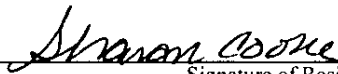
Name of Limited Liability Company

L05000055449

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:

SHARON COOKE

Typed or Printed Name

ASST SECRETARY

Capacity

FILED
14 OCT 22 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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