

205000056864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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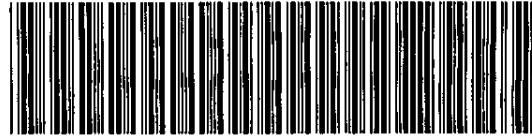
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 10 2014
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SILO SHOPPES AT HERITAGE FARM, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L05000056864

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:

DENNIS BLACKBURN

Name of Person

BLACKBURN & COMPANY, LC

Name of Firm/Company

5150 BELFORT RD SO, BLDG 500

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

DLB@BLACKBURNCO.COM

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

For further information concerning this matter, please call:

DENNIS BLACKBURN

Name of Person

at (

904

Area Code

296-7713

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BLACKBURN & COMPANY, LC

Name of Registered Agent

, hereby resigns as

Registered Agent for **THE SILO SHOPPES AT HERITAGE FARM, LLC**

Name of Limited Liability Company

L05000056864

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:

DENNIS L. BLACKBURN

Typed or Printed Name

MANAGER

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

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AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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