# L050000 7/602

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

SUBJECT: Tara House North, LLC	
(Name of Limited Liability Company)  DOCUMENT NUMBER: L0500071602	
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:	
John H. Rains III (Name of Person)	
John H. Rains III, P.A.  (Name of Firm/Company)	
John H. Rains III, P.A.  (Name of Firm/Company)  501 East Kennedy Boulevard Suite 750  (Address)	
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For further information concerning this matter, please call:	
Sandra Albee at (813) 221-2777 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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,	
John H. Rains III, P.A. hereby resigns as	
(Name of Registered Agent)	
Registered Agent for Tara House North, LLC	
(Name of Limited Liability Company)	
L05000071602	
(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)  (Signature of Resigning Agent)  (Signature of Resigning Agent)	- 't
If signing on behalf of an entity:	
John H. Rains III	
(Typed or Printed Name)	A CALL
President (Conscitut)	
(Canacity)	

FILING FEES: \$ 85.00 Active \$ 25.00 Admin Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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