

LD500073269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

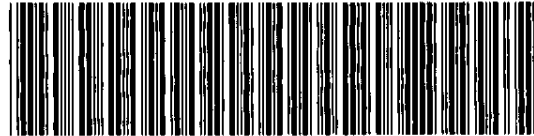
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Park Ridge Community Developers LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000073269

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:

Anne Herstol

Name of Person

Prince CPA Group

Name of Firm/Company

9161 Narcoossee Road Ste 202

Address

Orlando, FL 32827

City/State and Zip Code

aherstol@princecpagroup.com

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

For further information concerning this matter, please call:

Anne Herstol

Name of Person

at (407) 823-8230

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA
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,

Keith Buescher, hereby resigns as
Name of Registered Agent

Registered Agent for Park Ridge Community Developers LLC

Name of Limited Liability Company

L05000073269

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.

Keith Buescher
Signature of Resigning Agent

If signing on behalf of an entity:

Keith Buescher
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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