

105000075151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

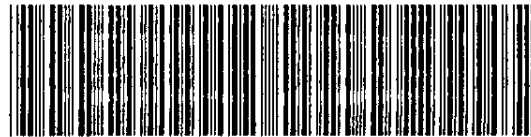
(Business Entity Name)

(Document Number)

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11 APR -4 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 15 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2011

GARY MARTIN  
395 LOBLOLLY BAY DRIVE  
SANTA ROSA BEACH, FL 32459

SUBJECT: SANTA ROSA BUILDERS, LLC  
Ref. Number: L05000075151

We have received your document for SANTA ROSA BUILDERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 011A00007301

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Santa Rosa Builders, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** LO5000075151

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:

GARY MARTIN  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

395 LOBLOLLY BAY DR.  
Address

Santa Rosa Beach, FL. 32459  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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

**FILED**  
11 APR -4 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

GARY J. MARTIN, hereby resigns as  
Name of Registered Agent

Registered Agent for Santa Rosa Builders, LLC  
Name of Limited Liability Company

LO500007567  
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.

Gary J. Martin  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
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

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TALLAHASSEE, FLORIDA