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Registration Section Division of Corporations

TO:

SUBJECT: Planet Five at Amelia Island, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L05000087783	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Riley Williams	
Name of Person	
J. Riley Williams, PLC	
Name of Firm/Company	
2141 Park Street	
Address	
Jacksonville, FL 32204	
City/State and Zip Code	
riley@jriley-law.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Riley Williams 904	425- 0040
Name of Person Area Code) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statutes, the undersigned,		
J. Riley Williams	, hereby resigns as		
	Name of Registered Agent		
Registered Agent for Pla	anet Five at Amelia Island, LLC		
	Name of Limited Liability Company	,	
L05000087783			
Document Nu	mber, if known		
	n was mailed to the above listed limited liability company a d and the office discontinued on the 31st day after the date of		
	Signature of Resigning Agent	· 5	
If signing on behalf of ar		APR -2	
	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withdrawn limited liability company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