

LP5000090103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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09 FEB 17 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M. THOMAS

FEB 18 2009

EXAMINER

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tradewind Construction, LLC  
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: 605000090103

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jeffery Chandler  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

P. O. Box 84  
(Address)

Shawnee, FL 34995  
(City, State and Zip Code)

For further information concerning this matter, please call:

Jeffery Chandler at (772) 204-5400  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING ADDRESS:

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS16 (01/06)

The following Resignation was never  
filed with Dept. of State. It was  
filed formerly at Corporate Office  
in Manassas Park. I filed a copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB 17 AM 11:48

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Dianne M. Chandler, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Tradewind Construction, LLC.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

LD5000090103  
(Florida Document Number, if known)

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

Dianne Chandler  
Signature of Registered Agent  
Dianne Chandler  
If signing on behalf of an entity:  
DN

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

8-11-06  
2-9-09

09 FEB 17 AM 04:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$87.50  
Certified Copy (optional): \$52.50