

205000090713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

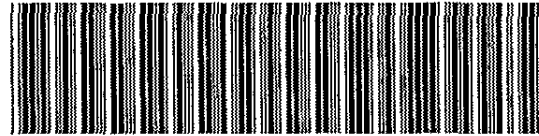
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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NA Resign  
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10/02/06--01012--003 \*\*85.00

FILED  
06 OCT -2 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ELEANORE PROPERTIES, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L05000090713

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: \*

Stephanie Weatherford  
(Name of Person)

Home & Ranch Real Estate Company  
(Name of Firm/Company)

825 E Cowboy Way #105  
(Address)

LaBelle FL 33935  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Weatherford at ( 863 ) 612-0000  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

# 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,

Stephanie Weatherford

(Name of Registered Agent)

Registered Agent for ELEANORE PROPERTIES, LLC

30 Hardee Street Suite B LaBelle FI 33935

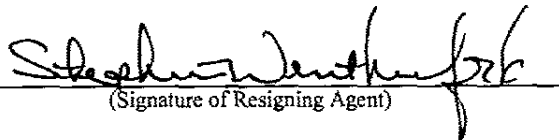
(Name of Limited Liability Company)

L05000090713

(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)

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

FILED  
OCT - 2 2015  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA