L0500093666

(Requestor's Name) (Address)	000207501960			
(City/State/Zip/Phone #)	05/12/1101035001 **85.00			
(Business Entity Name) (Document Number)	211 HAY 12			
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SUBJECT: Palm Springs Real Estate, LLC
SUBJECT: Palm Springs Real Estate, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L05000093666
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:
Bret Jones
Name of Person
Bret Jones, P.A.
Name of Firm/Company
700 Almond Street
Address
Clermont, FL 34711
City/State and Zip Code
bjones@bretjonespa.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denise Cazobon, Esq. at (352) 394-4025 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 608.416(2) or 608.509, Florida	a Statutes, the undersigned,			40
Bre	et Jones	, hereby resigns as	50.3	_	au.
Name of Registered Agent		· • •	E	\sim	į
Registered Agent for	Palm Springs Re	al Estate, LLC		An 8:	
	Name of Limited Liability Company	<u>.</u>		<u></u> ,	4
L0500009366	6				
Document Number, if kn	own				
-	office discontinued on the 31st da				led.
If signing on behalf of an entity:	V				
<u></u>	Bret Jones, P.A. 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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