

LOS000099817

(11)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

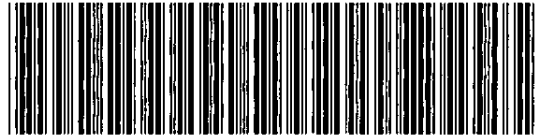
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08 MAR -7 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. 2002 MAR 10 2008

**THE SMITH LAW FIRM**

A PROFESSIONAL ASSOCIATION  
333 FLEMING STREET • KEY WEST, FLORIDA 33040

WAYNE LARUE SMITH, MBA, JD  
ALSO ADMITTED WASHINGTON, DC

CHRISTIAN J. CRUZ

AMY BETH MALOY, MPH, JD  
ALSO ADMITTED MASSACHUSETTS,  
WEST VIRGINIA, WASHINGTON, DC

March 3, 2008

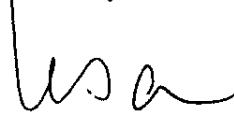
Florida Department of State  
Division of Corporations P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Resignation of Registered Agent**

Dear Sir/Madam:

Enclosed please find two Resignations of Registered Agent for a Limited Liability Company for filing, along with our firm checks for your fees.

Sincerely,



Lisa P. Delio  
Assistant for Wayne LaRue Smith

/lpd  
Enclosures

cc: Francis J. Gonzon

z:\1400 01\03-03-08 florida dept of state docs

**TO:** Amendment Section  
Division of Corporations

(Name of Limited Liability Company)

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Francis J. Gonzon

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

Francis J. Gonzon

(Name of Person)

at ( 302 ) 542-7885

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:****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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Wayne LaRue Smith

(Name of Registered Agent)

Registered Agent for Bottega @ Key West, LLC

(Name of Limited Liability Company)

L05000099817

(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:

Wayne LaRue Smith

(Typed or Printed Name)

Registered Agent

(Capacity)

FILED  
08 MAR -7 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### 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