

LA5000101549

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(City/State/Zip/Phone #)

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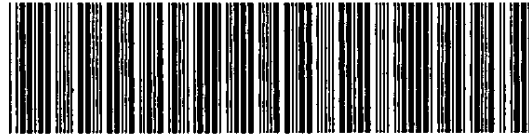
(Business Entity Name)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARBARA D. ROBINSON, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L 05 000 10 1549

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:

JOHN M ROBINSON
Name of Person

Name of Firm/Company

146 SUNSET AVE
Address

SANTA ROSA BEACH, FL 32459
City/State and Zip Code

LESLIE ROBINSON @ COX.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN M ROBINSON at (850) 684-4295
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

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TALLAHASSEE, FL 32301
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JOHN M. ROBINSON, hereby resigns as
Name of Registered Agent

Registered Agent for BARBARA D. ROBINSON, LLC
Name of Limited Liability Company

L 05000101549
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.

J. M. Robinson
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

17 MAR 27 PM 1:04
CLERK 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



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company
BARBARA D. ROBINSON, L.L.C.

Filing Information

Document Number L05000101549
FEI/EIN Number 20-3649834
Date Filed 10/14/2005
State FL
Status ACTIVE

Principal Address

185 Loon Lake Drive
SANTA ROSA BEACH, FL 32459

Changed: 04/15/2014

Mailing Address

146 SUNSET AVENUE
SANTA ROSA BEACH, FL 32459

Changed: 02/23/2007

Registered Agent Name & Address

ROBINSON, JOHN M
146 SUNSET AVENUE
SANTA ROSA BEACH, FL 32459

Name Changed: 04/30/2011

Address Changed: 04/30/2011

Authorized Person(s) Detail

Name & Address

Title MGR

ROBINSON, JOHN M
146 SUNSET AVENUE
SANTA ROSA BEACH, FL 32459

Annual Reports

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STATE
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