

L05000103824

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: _____

LLC REGISTERED AGENT RESIGNATION
SEACOAST VISTAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Resign
5-6-14

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEACOAST VISTAS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L05000103824

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:

TUNISHA SCOTT

Name of Person

INCORPORATING SERVICES, LTD.

Name of Firm/Company

3500 SOUTH DUPONT HWY

Address

DOVER, DE 19901

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TUNISHA SCOTT

Name of Person

at (302) 531 0721

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

INCORPORATING SERVICES, LTD.

, hereby resigns as

Name of Registered Agent

Registered Agent for **SEACOAST VISTAS, LLC**

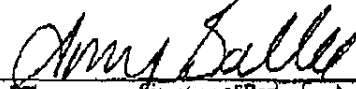
Name of Limited Liability Company

L05000103824

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:

AMY M. BALKE

Typed or Printed Name

ASSISTANT SECRETARY

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
14 MAY -5 PM 4:55