

LOS000111835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

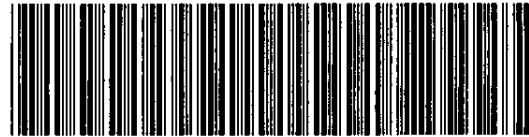
LOS-111835

(Document Number)

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01/11/12--01007--011 **35.00

01/11/12--01007--014 **35.00

05/11/12--01003--001 **15.00

FILED
12 APR 17 AM 8:56
SECTION OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 11 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Charleston Corners, LLC
(Name of Corporation)

DOCUMENT NUMBER: L05000111835

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary A. White

(Name of Person)

Qualified Property Management, Inc.

(Name of Firm/Company)

5901 US Hwy. 19, Ste. 7Q

(Address)

New Port Richey, FL 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary A. White

(Name of Person)

at (727)

869-9700 Ext. 214

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2012

MARY A. WHITE
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

SUBJECT: CHARLESTON CORNERS, LLC
Ref. Number: L05000111835

We have received your document for CHARLESTON CORNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The Registered Agent name Resigning the name must be listed exactly as it appears on DOS records. I am enclosing the proper form. Also note the additional filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 812A00000831

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,

Qualified Property Management, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for Charleston Corners, LLC

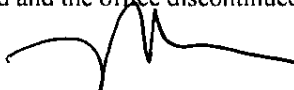
Name of Limited Liability Company

LO5000111835

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.

 Qualified Property Mgmt. Inc.
Signature of Resigning Agent

If signing on behalf of an entity:

Qualified Property Management, Inc
Typed or Printed Name
CEO
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
12 APR 17 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA