## L05000115690

Office Use Only



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	August 2, 200
SUBJECT: GARDE LL (Name of Limited Liability	y Company)
DOCUMENT NUMBER: L 05000 (	15670
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
JOHNNE MEI PEYTREM. (Name of Person)	ANN N
(Name of Firm/Company)	- - ,
1327 FLAGSTONE 7 (Address)	4VE.
CELEBRATION, FC 3479 (City/State and Zip Code)	
For further information concerning this matter, please call:	
JOANNE MEI PEUTREMANN at (321 (Name of Person) (Area Coo	939 - 4973 le & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 3239	•

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(	2) or 608.509, Florida Statutes, the u	ndersigned,	
JOANNE	MEI PE	EYTREMAND, hereby 1	resigns as	
(	(Name of Registered Ager	nt)		
Registered Agent for		= 1 / ^		<del></del> ·
	(Name of Lim	ited Liability Company)		,
L 0500	0115696	כ		
(Document Numb	er, if known)	<del></del>		
A copy of this resignation	n was mailed to the al	bove listed limited liability company	at its last known	address.
The agency is terminated	and the office discor	ntinued on the 31st day after the date	on which this sta	tement is filed.
	(Signa	ture of Resigning Agent)	- on -And	TUST 2, 7 mm
If signing on behalf of an				
	(Typed or Printed Name)		-	
,		(Capacity)	_	
	FILING 3 \$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ volun withdrawn limited liability compa	iny <sup>*</sup>	FILED SECRETARY OF SIAN DIVISION OF CHEPARAT
	Make checks payab	le to Florida Department of State and Division of Corporations	mail to:	<b>*</b> 2

P.O. Box 6327 Tallahassee, FL 32314