

L05000121598

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(Address)

(City/State/Zip/Phone #)

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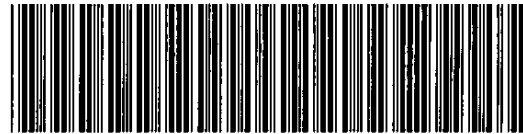


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06 JUN 12 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

JUNE 9, 2006

TO: Amendment Section
Division of Corporations

SUBJECT: UNITED LAND BANK LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000121598

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:

JOANNE MEI PEYTREMAN
(Name of Person)

UNITED LAND BANK LLC
(Name of Firm/Company)

1327 FLAGSTONE AVENUE
(Address)

CELEBRATION, FL 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

JOANNE MEI PEYTREMAN at (321) 939-4973
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. PLUS \$30 FOR CERTIFIED COPY AND \$5.00 FOR CERTIFICATE OF STATUS

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 32399

INHS17(11/02)

P.S. \$120.00 CHECK ENCLOSED FOR
FILING FEE, CERTIFIED COPY AND
CERTIFICATE OF STATUS

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED
06 JUN 12 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

JOANNE MEI PEYTREMAN, hereby resigns as
(Name of Registered Agent)

Registered Agent for UNITED LAND BANK LLC

(Name of Limited Liability Company)

L 05000121598
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address. IE

203 CELEBRATION BLVD., CELEBRATION, FL 34747
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:

ON JUNE 9, 2006

(Typed or Printed Name)

(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