## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : DARRON, REDDING, HUGHES, FITE, BASSETT & FENSOM, P.A.

Account Number : 073617000710 : (850)785-7434 Phone

Fax Number : (850) 785-2999

## REGISTERED AGENT RESIGNATION

GABLES & PALMS VACATION RENTALS, LLC

Certificate of Stratus	0
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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutos, the	he undersioned	
Steve M. LaSota	eby resigns as	
· · · · · · · · · · · · · · · · · · ·	The state of the s	· ;
Registered Agent for Gables & Palms Vacation Renta	als, LLU	•
	0	Á
(Name of Limited Liability Company)	710 P	<del>-</del>
L06000004694		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liability comp	A.	
The agency is terminated and the office discontinued on the 31st day after the	date on which this statement And	id. 🔾
(Signature of Resigning Agent)	ETARY HASSE	AUG 30
If signing on behalf of an entity:	E.F.C.	₹ 6
(Typed or Printed Name)	ORIDA	2:41
(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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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