

L06000024598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 03 2016
DRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bottles of Naples LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L060000024598

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:

Larry McDonald, President
Name of Person

McDonald & Osborne PA
Name of Firm/Company

3791 4th Avenue NE
Address

Naples, FL 34109
City/State and Zip Code

firm@mo-cpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry McDonald at (239) 254-8161
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

McDonald & Osborne PA, hereby resigns as
Name of Registered Agent

Registered Agent for Bottles of Naples LLC

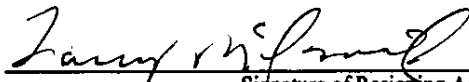
Name of Limited Liability Company

L060000024598

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:

Larry McDonald

Typed or Printed Name

President

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314