LD6000033919

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
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(Document Number)
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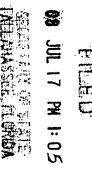
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COVER LETTER

SUBJECT: Marlin Bay/Joe's LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L06000033919 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: Nathan Benson (Name of Person) Sandler at Greater Marathon Bay LLC (Name of Firm/Company) 448 Viking Drive, Suite 200 (Address) Virginia Beach, VA 23452 (City/State and Zip Code) For further information concerning this matter, please call: Nathan Benson

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

(Name of Person)

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

(Area Code & Daytime Telephone Number)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416	(2) or 608.509, Florida S	Statutes, the under	signed,	
William N. De\	/ane. Jr E	squire	hamahu masia		
	Name of Registered Age		, hereby resig	ns as	
Registered Agent for M	arlin Bay/Jo	oe's LLC			
· ·					
	(Name of Lir	mited Liability Company)			,
L06000033919)				
(Document Number,					
A copy of this resignation	was mailed to the a	bove listed limited liabi	lity company at its	s last known add	dress.
The agency is terminated a	and the office disco	(Signature of Resigning Ig		hich this staten	nent is filed.
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If signing on behalf of an	entity:			netar er en a	
_					
	("	Typed or Printed Name)		F	7
~		(Capacity)			
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss	ly company olved/ voluntaril	v dissolved/	
		withdrawn limited lia	ability company	•	

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