# L06000066906

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·				
(Cit	y/State/Zip/Phone	· #)				
PICK-UP	WAIT	MAIL .				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					

Office Use Only



cm



500128829455

05/09/08--01009--014 \*\*25.00

DO HAY 22 PN & 2:

RECRETANT OF STATE

TATE MASSEE FLORIDA

RA Pes.



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2008

CONNIE RICHARDS 3750 PEACEFUL VALLEY DR. CLERMONT, FL 34711

SUBJECT: FLORIDA CONDOS 4 RENT LLC

Ref. Number: L06000066906

We have received your document for FLORIDA CONDOS 4 RENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

An additional fee of \$60 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 808A00031078

SECRETARY OF STATE
TRUCKHASSEE: FLORIDA

SOOR WAY SZ AN GUES

Sec. 25. 15

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Florida Coulos / Ront LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: 03-0598022
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:
Connie Richard (Name of Person)
(Name of Firm/Company)
3750 Peaceful Welley Dv. (Address)
Clarment F/ 3/7// (City/State and Zip Code)
For further information concerning this matter, please call:
Counte Richard at (231) 2/8-6888 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 608.416(2	) or 608.509, Florida	a Statutes, the und	lersigned,		
Connia D	which -		, hereby res	signs as		
Registered Agent for	(Name of Registered Agent	Confos	y Ren	<u>+ L</u>	<u>.</u> L C	
	(Name of Limi	ted Liability Company)		<u></u>		
(Document Numb	•	— ove listed limited lia	bility company at	its last knov	wn addres	<b>.</b>
The agency is terminate	d and the office discont		y after the date or Mace			
If signing on behalf of a	n entity:				<b>. </b>	
	(Ту	ped or Printed Name)		MASS	MAY 2	THE STATE OF
		(Capacity)		EE FLOR	2 PM # 2	III U

**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