#1-06000069603

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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K. SALY EXAMINER SUIL 6 - 2012

MURPHY & ANDERSON, P.A.

ATTORNEYS AT LAW

50 NORTH LAURA STREET **SUITE 1675 JACKSONVILLE, FLORIDA 32202**

KENDALL B GREINER Legal Assistant kgreiner@murphyandersonlaw com WWW.MURPHYANDERSONLAW.COM

TELEPHONE (904) 598-9282

FACSIMILE (904) 598-9283

June 29, 2012

VIA U.S. MAIL

Florida Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, Florida 32314

> Vilano Cottages II, LLC RE:

Resignation of Registered Agent For A Limited Liability Company

Dear Sir/Madam:

Enclosed please find check number 8432 in the amount of \$25.00 as payment for the filing fee associated with the Resignation of Registered Agent For A Limited Liability Company. Thank you.

Sincerely,

Kendall B. Greiner Legal Assistant

/kbg **Enclosures**

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Vilano Cottages 11 LLC Name of Limited Liability Company
DOCUMENT NUMBER: 60000 69603
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:
Geddes D. Anderson Ar. Name of Person
Name of Firm/Company
50 M. Laura Street, Suite 16'75 Address
City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ceddes Anderson at (904) 598-9282 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisions of section of	508.416(2) or 608.509, Florid	da Statutes, the undersigned,	
Grddes D. Ande	erson Ar.	, hereby resigns as	720 72
Registered Agent for Vilan	o Cottages 11	, LLC	FILE SSS
Nan	ne of Limited Liability Company		- S
LOGOOOOG96 Document Number, if known	03	·	11: 55
A copy of this resignation was mailed	to the above listed limited li	iability company at its last kn	own address.
The agency is terminated and the office	ce discontinued on the 31st d	N2h	is statement is filed.
If signing on behalf of an entity:	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