

# L06000090182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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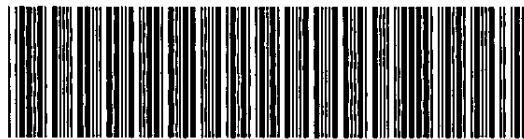
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV 27 2013



Ted R. Tamargo  
Direct Dial: 813-769-7925  
ted.tamargo@fowlerwhite.com

August 21, 2013

**Via FedEx**

Registration Section  
Division of Corporations  
Florida Department of State  
Clifton Building, 2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Puritan Place Apartments, LLC  
Document Number L06000090182  
Our File No.: 107-1285

Dear Sir or Madam:

Enclosed herewith please find my completed Resignation of Registered Agent form for Puritan Place Apartments, LLC, along with my cover letter and Fowler White Boggs PA check number 708024 in the amount of \$25.00 in payment of the filing fee.

If you have any questions, please do not hesitate to contact me.

Sincerely,

FOWLER WHITE BOGGS P.A.

A handwritten signature in black ink, appearing to read "Ted R. Tamargo".

Ted R. Tamargo

Enclosures

cc: Puritan Place Apartments, LLC  
Jacob Bercu (via e-mail)

FOWLER WHITE BOGGS P.A.

TAMPA • FORT MYERS • TALLAHASSEE • JACKSONVILLE • FORT LAUDERDALE

501 EAST KENNEDY BLVD., SUITE 1700 • TAMPA, FLORIDA 33602 • P.O. BOX 1438 • TAMPA, FL 33601  
TELEPHONE (813) 228-7411 • FAX (813) 229-8313 • www.fowlerwhite.com

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Puritan Place Apartments, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000090182

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:

Ted R. Tamargo

Name of Person

Fowler White Boggs PA

Name of Firm/Company

501 E. Kennedy Blvd. Suite 1700

Address

Tampa, FL 33602

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey Phillips

Name of Person

at ( 813 ) 769-7760

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 608.416(2) or 608.509, Florida Statutes, the undersigned,

**Ted R. Tamargo**

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **Puritan Place Apartments, LLC**


\_\_\_\_\_  
Name of Limited Liability Company

**L06000090182**

\_\_\_\_\_  
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:

\_\_\_\_\_  
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**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA