

L06000091193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

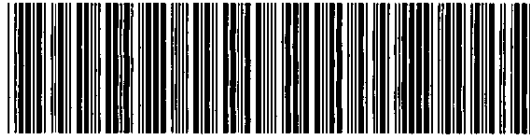
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/29/08--01019--005 **85.00

10/10/08--01012--001 **25.00

2008 OCT -9 A 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. HAMPTON

OCT 10 2008

EXAMINER

LAW OFFICE OF
Samuel A. Block, P.A.

21 ROYAL PALM POINTE, SUITE 100
VIERO BEACH, FLORIDA 32960

Samuel A. Block, Esq.
Kathryn E. Block, Esq.
Jeffrey R. Pegler, Esq.

Phone (772) 794-1918
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E-mail kblock@blocklaw.org
E-mail jpegler@blocklaw.org

August 27, 2008

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Wabasso Inn, LLC

Dear Sir or Madam:

Enclosed for filing please find a Resignation of Registered Agent for the above-referenced limited liability company, and a Statement of Change of Registered Agent, along with a check in the amount of \$85.00 representing the filing fee.

Thank you for your attention to this matter.

Very truly yours,



Marla Rhodes

/mr
enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 OCT -9 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 2, 2008

MARLA RHODES
SAMUEL A BLOCK, PA
21 ROYAL PALM POINTE - STE 100
VERO BEACH, FL 32960

SUBJECT: WABASSO INN, LLC
Ref. Number: L06000091193

We have received your document for WABASSO INN, LLC and check(s) totaling \$85.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 408A00048296

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,

Samuel A. Block

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Wabasso Inn, LLC

(Name of Limited Liability Company)

L06000091193

(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.

Samuel A. Block

(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

FILED
2008 OCT -9 A 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA