

106 000098099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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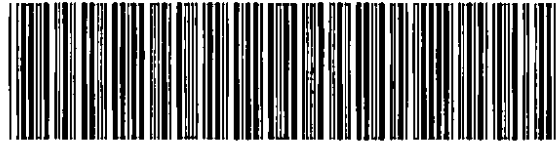
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Sterlingworth Development, LLC
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: LO6000098099

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Niels Mierendorff
Contact Person

Sterlingworth Development, LLC.
Firm/Company

1045 Collier Center way #1
Address

Naples, FL 34110
City, State and Zip Code

nielssm@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Niels Mierendorff at (239) 594-5471
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**


Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Perdomo Contreras, Jose A, hereby resigns as
Name of Registered Agent

Registered Agent for Sterlingworth Development, LLC.
Name of Limited Partnership or Limited Liability Limited Partnership

LOG000098099
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

11-11-12