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JUL 25 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Colonial MHP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000110010

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:

Jonathan James Damonte

Name of Person

Jonathan James Damonte, Chartered

Name of Firm/Company

12110 Seminole Boulevard

Address

Largo, FL 33778

City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan James Damonte

Name of Person

at ( 727 ) 586-2889

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jonathan James Damonte, Chartered, hereby resigns as  
Name of Registered Agent

Registered Agent for Colonial MHP, LLC

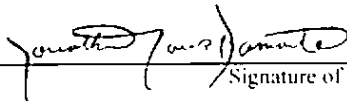
\_\_\_\_\_  
Name of Limited Liability Company

L06000110010

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:

Jonathan James Damonte

Typed or Printed Name

President of Jonathan James Damonte, Chartered

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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