

LD7000027914

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.  
Account Number : I20000000003  
Phone : (407) 841-4141  
Fax Number : (407) 841-4148

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
GENEVA HOSPITALITY OF KISSIMMEE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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10 9/14/10

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Sep. 13, 2010 1:07PM

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(((H10000202411 3)))

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GENEVA HOSPITALITY OF KISSIMMEE, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L07000027914

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:

SAL SARDINA

Name of Person

GENEVA HOSPITALITY OF KISSIMMEE, LLC

Name of Firm/Company

418 CIRCLE DRIVE

Address

LAKE GENEVA WI 53147

City/State and Zip Code

ssardina@genevahospitality.com

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

For further information concerning this matter, please call:

SAL SARDINA

Name of Person

at ( 262 )

269-6007

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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**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,

SCOTT E. JOHNSON, hereby resigns as  
Name of Registered Agent

Registered Agent for GENEVA HOSPITALITY OF KISSIMMEE, LLC

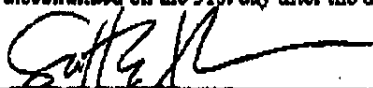
Name of Limited Liability Company

L07000027914

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

INHS17 (08/05)

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