

L07000042547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP. 24 2012

S. TONER

Office Use Only



000239772340

000239772340
03/21/12--01033--006 **85.00

FILED
12 SEP 21 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Exclusive Lifestyles Entertainment LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 07000042547

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:

Alicia Walker
Name of Person

Exclusive Lifestyles Entertainment LLC
Name of Firm/Company

1455 Ashboro Circle SE
Address

Palm Bay, FL 32909
City/State and Zip Code

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

For further information concerning this matter, please call:

Alicia Walker at (321) 768-1525
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Alicia Walker, hereby resigns as
Name of Registered Agent

Registered Agent for Exclusive Lifestyles Entertainment LLC
Name of Limited Liability Company

207000042547
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
12 SEP 21 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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