

#L07000074142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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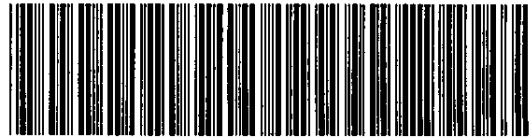
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. DALY  
EXAMINER  
MAR 13 2014

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EQUISTAR NARANJA LAKES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000074142

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:

**Betsy Courant**

Name of Person

**Hunt & Gross, PA**

Name of Firm/Company

**185 NW Spanish River Blvd.**

Address

**Boca Raton, FL 33431**

City/State and Zip Code

**betsy@huntgross.com**

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

For further information concerning this matter, please call:

**Betsy Courant**

Name of Person

at ( **561** ) **997-9223**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

HCRM CORP.

, hereby resigns as

Name of Registered Agent

Registered Agent for

EQUISTAR NARANJA LAKES, LLC


Name of Limited Liability Company

L07000074142

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:

Andrew M. Gross

Typed or Printed Name

President

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  
2014 MAR 11 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA