## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H120000183953)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### LLC REGISTERED AGENT RESIGNATION CAPE CORAL LANDHOLDING LLC

Certificate of Status	0
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T. HAMPTON

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Amendment Section Division of Corporations

TO:

#### H12000018395 3

#### **COVER LETTER**

SUBJECT: CAPE CORAL LANDHOLDING LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L07000124738
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:
TUNISHA SCOTT
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S. DUPONT HWY
(Address)
DOVER, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
TUNISHA SCOTT at ( 302 ) 531.0855
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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 St	atutes, the undersigned,		
INCORPORATING SERVICES, LTD. hereby resigns as				
(Name of Registered Agent)				
Registered Agent for CAPE CORAL LANDS	HOLDING LLC			
(Name of Limit	ted Liability Company)		<del>.,,</del>	
L07000124738				
(Document Number, if known)				
A copy of this resignation was mailed to the abo	ove listed limited liabili	ty company at its last known add	ress.	
The agency is terminated and the office disconti	inued on the 31st day a		ent is file	d.
If signing on behalf of an entity:				
CANDICE B. SWET	TLAND		12	S S
, •.	ped or Printed Name)		FE8	Sich
ASSISTANT SEC	CRETARY (Capacity)		8-6	957 957 1
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			-	98 14 18 18 18 18 18 18 18 18 18 18 18 18 18
\$ 25.00	Active limited liability	lved/voluntarily dissolved/	28	SHOL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314