108000005194

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cif	ty/State/Zip/Phone	e #)
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D. BRUCE
OCT 14 2011
EXAMINER

COVER LETTER

Amendment Section Division of Corporations

SUBJECT:	Windermere B						
	Name of Limite	d Liabili	ty Compan	У			
DOCUMENT NUMBER:_	L08000005194						
The enclosed Resignation of for filing.	Registered Agent for	a Limit	ed Liabilit	ty Company and	d fee are	subn	nitted
Please return all corresponder	nce concerning this n	atter to	the follow	ving:			
Jason \	/ermilya						
Name o	f Person		_				
Windermere B	oat Docks, LLC						
Name of Fire	m/Company		_		}		
263 Mileh	nam Drive				<u> </u>	11 007 13	,
Add	Iress	100			IAK	<u>-</u>	ra. [
Orlando	FI 32835				Y OF		· .
City/State a	nd Zip Code		_		OF STATE E. FLORIDA	i 122 09	F
,					AIDA	09	
E-mail address: (to be used for	r future annual report not	tification					
For further information conce	rning this matter, ple	ase call	:				
Jason Vermily		321)	217-5657			
Name of Person	1	Area Co	le & Daytii	me Telephone Nu	ımber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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) o	r 608.509, Florida Statutes	s, the undersigned,			
Jason Vermilya		h	ereby resigns as			
ı,	Name of Registered Agent	······································	oroto rosigno do			
Registered Agent for	Wi	ndermere Boat Dock	ermere Boat Docks, LLC			
	Name of Limited I	iability Company	·			
L080000	05194					
Document Num	ber, if known	•				
A copy of this resignation	was mailed to the above	listed limited liability cor	mpany at its last known address.			
The agency is terminated and agency is terminated agency is the agency is agency is the agency is a superior agency is a su	Sign	ned on the 31st day after the	e date on which this statement is filed.			
	Jaso	on Vermilya				
-	Typed	or Printed Name				
-	Ca	apacity	OCT 13 FM Z O9			
	FILING FEE \$ 85.00 Ac \$ 25.00 Ac	S: tive limited liability comp lministratively dissolved/ ithdrawn limited liability	pany voluntarily dissolved/company			

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