

LD8000054491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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LD8-54491

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Res. of RA
Kevin Page

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SEP 14 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP 15 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lee County Asset Management LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000054491

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:

Kevin Page
Name of Person

Lee County Asset Management LLC
Name of Firm/Company

1411 SE 47th St Suite 1
Address

Cape Coral Florida 33904
City/State and Zip Code

leecamllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Page at (239) 994-4475
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Kevin Page

Name of Registered Agent

, hereby resigns as

Registered Agent for Lee County Asset Management LLC

Name of Limited Liability Company

L08000054491

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.

Kevin Page
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
09 SEP 14 PM 12:13
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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