# L08000054491

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(City/State/Zip/Phone #)					
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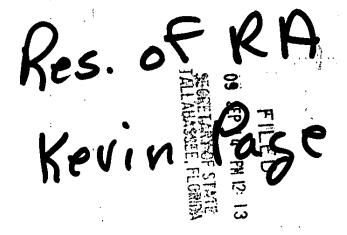
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L08-54491

09/14/09--01023--008 \*\*85.00



N. CAUSSEAUX

SEP 1 5 2009

**EXAMINER** 



### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	UBJECT: Lee County Asset Management LLC				
	Name of L	imited	Liability Co	ompany	
DOCUMENT NUMBER:	L08000054491				
The enclosed Resignation of for filing.	of Registered Age	nt for	a Limited L	iability Company	and fee are submitted
Please return all correspond	lence concerning	this m	atter to the	following:	
Ke	vin Page				
Name	of Person				
Lee County Ass		LLC			
Name of	Firm/Company		<del></del>		
	17th St Suite 1				
A	ddress				
	l Florida 33904				
City/State	and Zip Code				
leecamll E-mail address: (to be used	c@gmail.com		<del></del>		
E-mail address: (to be used	for future annual rep	ort not	ification)		
For further information con	cerning this matte	er, plea	ase call:		
Susan Pag	e	at (	239)	994-447	
Name of Per	son	A	rea Code &	Daytime Telephon	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,						
Ke	evin Page	, here	by resigns as			
Name o	f Registered Agent		, ,			
Registered Agent for	stered Agent for Lee County Asset Management LLC					
	Name of Limited Liability	Company				
L0800005449						
Document Number, if I	nown					
A copy of this resignation was r  The agency is terminated and th	e office discontinued on		any at its last known address.  ate on which this statement is filed.			
If signing on behalf of an entity	:		ATTW Second			
	Typed or Printe	ed Name				
	Capacity		E, FLORIN			

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