

LO80000082622

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Resignation
90 RA

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09 DEC 22 PM 4:38

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09 DEC 22 PM 4:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR

12/22/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Green Coast Reservation Services, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000082622

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:

Kimberly D. Garner
Name of Person

Green Coast Villas Reservation Services, LLC
Name of Firm/Company

1700 Summit Lake Drive
Address

Tallahassee, FL 32317
City/State and Zip Code

kim.garner@mainline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Garner at (850) 219-5221
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

09 DEC 22 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Russell S. Doster

Name of Registered Agent

, hereby resigns as

Registered Agent for

Green Coast Villas Reservation
Services, LLC

Name of Limited Liability Company

L08000082622

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]

Signature of Resigning Agent

If signing on behalf of an entity:

Kimberly D. Garner

Typed or Printed Name

Authorized Representative

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