

LO8000093333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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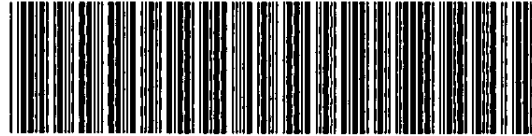
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 18 2013  
D. BRUCE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gulf Shore Developments, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000093333

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:

**Robert Hock**

Name of Person

**Schenk & Associates, PLC**

Name of Firm/Company

**606 Bald Eagle Drive, Suite 612**

Address

**Marco Island, FL 34145**

City/State and Zip Code

**roberth@schenk-law.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Robert Hock**

Name of Person

at ( **239** ) **394-7811**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 Statutes, the undersigned,

**Schenk & Associates, PLC**

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **Gulf Shore Developments, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L08000093333**

\_\_\_\_\_  
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 of Resigning Agent

If signing on behalf of an entity:

**Maximilian Schenk**

\_\_\_\_\_  
Typed or Printed Name

**Managing Member**

\_\_\_\_\_  
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

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2019 JUN 17 PM 12:50  
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TALLAHASSEE, FLORIDA