

L08000105993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

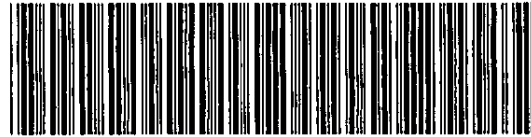
(Business Entity Name)

(Document Number)

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2013 APR 26 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
APR 29 2013  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Key Vaca Rentals, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000105993

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:

Samuel Schorr  
Name of Person

Key Vaca Rentals, LLC  
Name of Firm/Company

11400 Overseas Hwy Suite 109  
Address

Marathon, FL 33050  
City/State and Zip Code

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

For further information concerning this matter, please call:

Samuel Schorr at ( 305 ) 481-1532  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2013 APR 26 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

Peter Policastro

Name of Registered Agent

, hereby resigns as

Registered Agent for Key Vaca Rentals, LLC

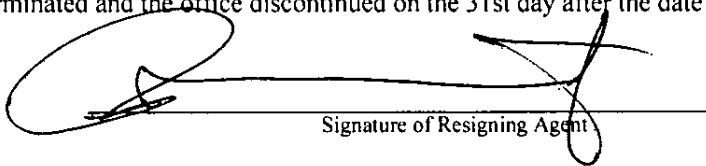
Name of Limited Liability Company

L08000105993

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:

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

\_\_\_\_\_  
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

INHS17 (08/05)

FILED  
2013 APR 26 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA