L08000/06469

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Entry Name)
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(Document Number)
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COVER LETTER

Division of Corporations
SUBJECT: Unlimited Expectations of SWFL, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: <u>L 0 8 000 / 0 6 4 6 9</u>
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:
Allen Jenkins (Name of Person) Only in regards
(Name of Person) (Name of Firm/Company) (Name of Firm/Company) 7350 S. Taniami Tr # 105 (Address) Only in regards to my resignation All documentation to Managing member
Sarasota FL 3423 / (Øity/State and Zip Code)
For further information concerning this matter, please call:
Allen Jenkins at (941) 228-6785 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section

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

March 23, 2009

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern:

Please change the mailing address and the Principal address (these are my addresses and I do not wish to receive correspondence in regard to this LLC) for Unlimited Expectations of SW FL LLC to the managing members address below:

CARTER, DOUGLAS L 1280 BELAIRE CT NAPLES FL 34110

I have enclosed a resignation of Registered Agent form and request my name and address be removed from Unlimited Expectations of SW FL, LLC.

Sincerely,

Allen K Jenking

7350 S. Tamiami Trail #105

Sarasota, FL 34231

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,
Allen R. Jenkins, hereby (Name of Registered Agent)	resigns as
Registered Agent for Unlimited Expectations &	ASWFL, LLE
(Name of Limited Liability Company)	
L 08000/06469 (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 (Signature of Resigning Agent)	e on which this statement is filed.
If signing on behalf of an entity:	
	<u></u>
(Typed or Printed Name)	
(Capacity)	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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