LD9000040963

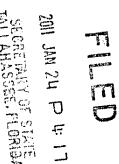
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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RAResign Newls 1-26-11

COVER LETTER

SUBJECT:	55 Inlet Harbor Road, LLC Name of Limited Liability Company	
DOCUMENT NUMBER:	L09000040963	
The enclosed Resignation of Reg for filing.	gistered Agent for a Limited Liability Compa	ny and fee are submitted
Please return all correspondence	concerning this matter to the following:	
Jim Sotole Name of Po		
Name of Firm/	/Company	
3624 S Atlanti Addres		
Daytona Beach Sho City/State and		

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

Amendment Section

Division of Corporations

TO:

For further information concerning this matter, please call:

Jim Sotolongoat (386)322-3600Name of PersonArea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions	s of section 608.416(2	c) or 608.509, Florida Sta	tutes, the undersi	gned,		
	Jim Sotolongo		_, hereby resign	sas,	~ .	
	Name of Registered Agent		_, , ,	ES		
Registered Agent for		55 Inlet Harbor Ro	ad, LLC	至高	E E	**************************************
				SS	24	m.
	Name of Limit	ed Liability Company		E. FL	D F.	O
L09000	040963				; 	
Document Nun	nber, if known	_		A	س.	
A copy of this resignation	n was mailed to the ab	ove listed limited liability	y company at its	last knowr	ı addres	S.
The agency is terminated	and the office discont	tinued on the 31st day aft	er the date on wl	nich this st	atement	is filed.
	UL					
		Signature of Resigning Agen	ī			
If signing on behalf of an	entity:					
	Ту	ped or Printed Name				
		Capacity				

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company
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