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(Re	equestor's Name)	
(Ad	ldress)	
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2013 APR 26 PH 3: 46
SECRETARY OF STATE

B. BOSTICK APR **2 9** 2013

EXAMINER

COVER LETTER

SUBJECT: Maid in Paradise, LLC			
cefactor Chimited Liability Company			
DOCUMENT NUMBER: L0900048945			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fe for filing.	e are su	bmitte	d
Please return all correspondence concerning this matter to the following:			
Samuel Schorr			
Name of Person			
Maid in Paradise, LLC			
Name of Firm/Company			
11400 Overseas Hwy Suite 109	TA'S	20	
Address	ECRE LLAH	<u></u>	
Marathon, FL 330500	RETAR	2013 APR 26	
City/State and Zip Code	.33 0		1
sam@keyscaribbean.com	OF STATE	PM 3: 46	
E-mail address: (to be used for future annual report notification)	REF	91	
For further information concerning this matter, please call:	حن	_	
Samuel Schorr at (305) 48/1532 Name of Person Area Code & Daytime Telephone Num			
Name of Person Area Code & Daytime Telephone Num	ber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Division of Corporations

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 of section 6	08.416(2) or 608.509, Flo	rida Statutes, the undersigne	ed,		
Peter Policastro		, hereby resigns as	3		
Name of Registe	ered Agent				
Registered Agent for Maid in F	Paradise, LLC				
Nam	ne of Limited Liability Compan	y.			
LO96000 48945			,		
Document Number, if known					
A copy of this resignation was mailed The agency is terminated and the office				led.	
	Signature of Resignii	ng Agent	201 SE		
If signing on behalf of an entity:		0	2013 APR 26 SECRETARY ALLAHASSI	<u> </u>	
	Typed or Printed Name		P	E E E	
:	Capacity		3: 46 STATE LORID,	ر 1	
				1	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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