

L09000056485

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TALLAHASSEE, FLORIDA

PA Resignation



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ocala Boutique LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000050485

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:

Kathleen Comer  
Name of Person

Ocala Boutique LLC  
Name of Firm/Company

12570 Telecom Drive  
Address

TAMPA FL 33637  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kathleen Comer at ( 813 ) 977-5201  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL  
SECRETARY OF STATE



**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Laura Wise, hereby resigns as  
Name of Registered Agent

Registered Agent for Ocala Boutique LLC  
Name of Limited Liability Company

L09000056485  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

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

\_\_\_\_\_  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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withdrawn limited liability company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