

L09 000059685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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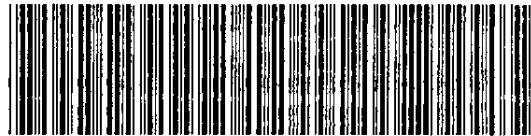
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEECO Properties LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000059685

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:

Lee Reeves  
Name of Person

Leeco Properties LLC  
Name of Firm/Company

3301 Del Prado Blvd  
Address

Cape Coral FL 33904  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lee Reeves at (239) 898-3917  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2011

LEE REEVES  
LEECO PROPERTIES LLC  
3301 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

SUBJECT: LEECO PROPERTIES LLC  
Ref. Number: L09000059685

*Please see attached*

We have received your document for LEECO PROPERTIES LLC and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

*Corrected  
form*

Our records do not indicate that you are the current registered agent of the subject corporation. We are enclosing a computer printout which reflects the name of the registered agent.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 711A00006964

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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,

Aaron Reeves, hereby resigns as  
Name of Registered Agent

Registered Agent for Lee Co Properties LLC

Name of Limited Liability Company

LO900059685  
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.

Aaron Reeves  
Signature of Resigning Agent

If signing on behalf of an entity:

Aaron Reeves  
Typed or Printed Name  
Registered Agent  
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