(	Requestor's Name)	
(	Address)	
(	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
;		
	į	
Certified Copies	Document Number) Certificates of Status	

Office Use Only



600280261486

12/23/15--01006--013 \*\*85.00



DEC 23 2015 Y SULKER

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

December 215+,2015

SUBJECT: SUBJECT:	
Name of Limited I	Ciability Company
DOCUMENT NUMBER: L09000067142	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this mat	ter to the following:
Sean Hess	
Name of Person	<del></del>
St Augustine Team Realty	
Name of Firm/Company	
2746 US 1 South	
Address	<del></del>
St Augustine, FL 32086	
City/State and Zip Code	
Sean.Hess.Brk@gmail.com	
E-mail address: (to be used for future annual report notified	cation)
For further information concerning this matter, pleas	e call:
Sean Hess 904	386-8327
Name of Person Are	a 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

rursuant to the provisions of section 603.0113, Florid	ia statutes, the undersigned,
Katherine Stevens	, hereby resigns as
Name of Registered Agent	,,,,,,
Registered Agent for St Augustine Team Realty	<u>y</u>
Name of Limited Liabi	ility Company
L0900067142	
Document Number, if known	
A copy of this resignation was mailed to the above lis	sted 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.
Signatur	re of Resigning Agent  S  T  T  T  T  T  T  T  T  T  T  T  T
If signing on behalf of an entity:	
Typed or Po	rinted Name
Canac	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314