

L090000067142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

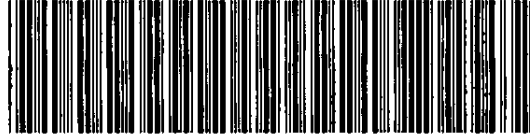
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2PM MAY 23 A 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 26 2016

S. WATSON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2016

SEAN HESS
2746 US 1 SOUTH
ST. AUGUSTINE, FL 32086

SUBJECT: ST. AUGUSTINE TEAM REALTY, LLC
Ref. Number: L09000067142

We have received your document for ST. AUGUSTINE TEAM REALTY, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00009710

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST AUGUSTINE TEAM REALTY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 209000067142

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:

SEAN HESS
Name of Person

ST AUGUSTINE TEAM REALTY, LLC
Name of Firm/Company

2746 US 1 S
Address

ST AUGUSTINE, FL 32086
City/State and Zip Code

SEAN.HESS.BLR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN HESS at (904) 386-8327
Name of Person Area Code Daytime Telephone Number

SEE ATTACHED
ALREADY
PAID

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

RON BARRY, hereby resigns as
Name of Registered Agent

Registered Agent for ST AUGUSTINE TEAM REALTY, LLC
LOGO00067142
Name of Limited Liability Company

LOGO00067142
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.

DocuSigned by:
Ron Barry
E1B7273062B44B2... Signature of Resigning Agent

If signing on behalf of an entity:

RON BARRY
Typed or Printed Name
Capacity

FILED
MAY 23 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

already
paid
SEE
ATTACHED

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