

L09000070861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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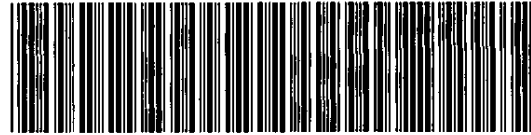
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign RA.
C.COULLETTE
JUL 01 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNCOAST DISCOUNT BOAT CENTER, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000070861

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:

MIKE ROBINSON
Name of Person

SUNCOAST DISCOUNT BOAT CENTER, LLC
Name of Firm/Company

620 THOMAS DRIVE
Address

PANAMA CITY BEACH, FL 32408
City/State and Zip Code

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

For further information concerning this matter, please call:

MIKE ROBINSON at (850) 588-7999
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

LINDA M. ETHERIDGE

Name of Registered Agent

, hereby resigns as

Registered Agent for SUNCOAST DISCOUNT BOAT CENTER, LLC

Name of Limited Liability Company

L09000070861

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 of Resigning Agent

If signing on behalf of an entity:

LINDA M. Etheridge

Typed or Printed Name

(Registered Agent - Resigned)

Capacity

FILING FEES:

~~\$ 85.00~~

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 24 AM 10:46

FILED

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