

LD9000071489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

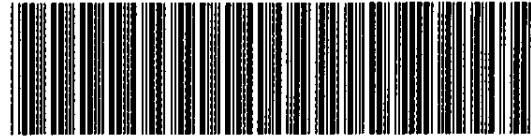
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

JAN 03 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TERRA PROPERTY MANAGEMENT OF S.F. LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000071489

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:

JOEL E. KEY

Name of Person

Name of Firm/Company

1065 BELLE MEADE ISLAND DRIVE

Address

MIAMI, FLORIDA 33138-5251

City/State and Zip Code

JOEL.KEY@MINDSPRING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL KEY

Name of Person

at ( 305 )

7756924

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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11 DEC 30 PM 5:01  
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,

JOEL E. KEY

Name of Registered Agent

, hereby resigns as

Registered Agent for TERRA PROPERTY MANAGEMENT OF S.F. LLC

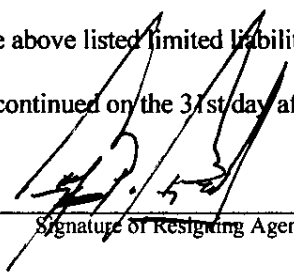
Name of Limited Liability Company

L09000071489

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:

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

\_\_\_\_\_  
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

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11 DEC 30 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA