

LO9000075696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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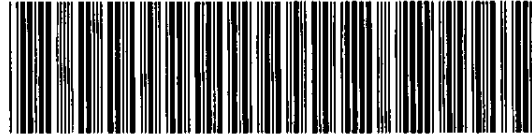
(Business Entity Name)

(Document Number)

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S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Adventure Rentals, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000075696

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:

Mary Beth Meyers, CPA

Name of Person

Ward & Meyers, LLC

Name of Firm/Company

3201 Flagler Avenue, Suite 506

Address

Key West, FL 33040

City/State and Zip Code

evi4007@aol.com

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

For further information concerning this matter, please call:

Mary Beth Meyers, CPA

Name of Person

at ( 305 )

Area Code

293-0265 Ext. 1#

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
JUN 13 4 53 PM '07  
TALLAHASSEE, FL  
CLERK OF COURT

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

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

Mary Beth Meyers

Name of Registered Agent

, hereby resigns as

Registered Agent for Adventure Rentals, LLC

Name of Limited Liability Company

L09000075696

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.

Mary Beth Meyers  
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