

LO9000085186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

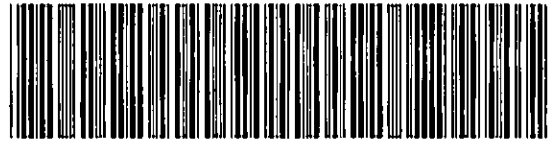
(Business Entity Name)

(Document Number)

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S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cedar Ridge Ranch LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: LO9000088186

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:

Kelly Hollister-Marker  
Name of Person

Cedar Ridge Ranch LLC  
Name of Firm/Company

PO Box 91  
Address

Cedar Key, FL 32625  
City/State and Zip Code

Cedar Ridge Ranch 4@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Hollister-Marker at (863) 412-5043  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

X **Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Katherine M Dunlop hereby resigns as  
Name of Registered Agent

Registered Agent for Cedar Ridge Ranch LLC  
Name of Limited Liability Company

LO9000088186  
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.

Katherine M. Dunlop  
Signature of Resigning Agent

If signing on behalf of an entity:

Katherine M Dunlop  
Typed or Printed Name  
R. A.  
Capacity

### FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

X 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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