

L09000118038

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TALLAHASSEE, FLORIDA

2016 JAN 19 PM 5:10

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K. SALY  
EXAMINER

JAN 21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRAB ISLAND BAY SPORTS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000118038

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:

Mark Violette

Name of Person

Mark A. Violette, P.A.

Name of Firm/Company

4405 Commons Drive East, Suite 102

Address

Destin, Florida 32541

City/State and Zip Code

mark@markviolettepa.com

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

For further information concerning this matter, please call:

Mark Violette

Name of Person

at ( 850 )

Area Code

424-5595

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Mark A. Violette, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Crab Island Bay Sports, LLC

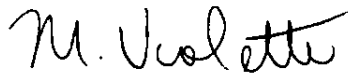
Name of Limited Liability Company

L09000118038

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:

Mark A. Violette

Typed or Printed Name

President

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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