

L10000020680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATION

R.A. Reseja
C.COULLIETTE

JUN 29 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Extreme Jet Ski of Orlando LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000020680

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 Cornney
Name of Person

Extreme Jet Ski of Orlando LLC
Name of Firm/Company

P.O. Box 450254
Address

Kissimmee FL 34745
City/State and Zip Code

www.extremejetskioforlando@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Beth Cornney at (407) 390-9200
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Vernon M. Comney II

Name of Registered Agent

, hereby resigns as

Registered Agent for Extreme Jet Ski of Orlando LLC

Name of Limited Liability Company

L10000020680

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.

Vernon M. Comney
Signature of Resigning Agent

If signing on behalf of an entity:

Vernon M. Comney II
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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DIVISION OF CORPORATIONS
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