

L10000050988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

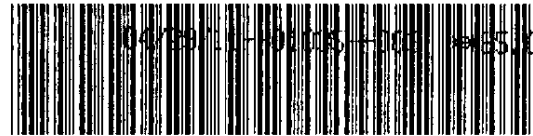
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800205775268

04/29/11--01035--003 **85.00

RA Resp

RECEIVED
TALLAHASSEE, FLORIDA

11 APR 29 AM 10:06

FILED

TH5-5-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southeast Marine Aquaculture
Name of Limited Liability Company

DOCUMENT NUMBER: L10000050988

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:

Jake Jacobson
Name of Person

Southeast Marine Aquaculture
Name of Firm/Company

1102 CHESTERFIELD AVENUE
Address

RUSKIN, FL 33570
City/State and Zip Code

jakejacobson08@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jake Jacobson at (813) 624-2397
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Matthew Casteel

Name of Registered Agent

, hereby resigns as

Registered Agent for Southeast Marine Aquaculture, LLC

Name of Limited Liability Company

L10000050988

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.

Matthew Casteel

Signature of Resigning Agent

If signing on behalf of an entity:

Matthew Casteel

Typed or Printed Name

Managing member

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

