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#### COVER LETTER

**TO:** Registration Section Division of Corporations

Suncoast Luxury Transportation Services, LLC Name of Limited Liability Company L10000066192 **DOCUMENT NUMBER:** 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: Bonnie Yerry Name of Person Corporation Service Company Name of Firm/Company 80 State Street Albany NY 12207 City/State and Zip Code bverrv@cscinfo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Bonnie Yerry

Name of Person

at (800) 927-9801 ext. 63002

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115,	, Florida Statutes, the unde	rsigned,		
CORPORATION	SERVICE C	OMPANY	, hereby resigns as		
1	Name of Registered Agent		, nerecy resigns as		
Registered Agent for					_
Suncoast Luxury	y Transportati	on Services, LLC	,		
		ed Liability Company			_,
L1000006619	92				
Document Num					
A copy of this resignation	n was mailed to the ab	oove listed limited liability	company at its last	known address	
The agency is terminated		tinued on the 31st day afte		this statement	is filed.
-	Ban	Signature of Resigning Agent	<del>(</del>	16 / SEC) SALLY	
If signing on behalf of an	entity:	0	7	16 MAR 15 EGRETARY LLAHASSE	11 mg
	Bonnie Yerry			15 SSE SSE	Street Sales
-	Тур	ped or Printed Name			T
<u>.</u>	Asst. Secretary			9: J SIA LORI	
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	FILING F \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily diss ity company	solved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314