

110 000 122 604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

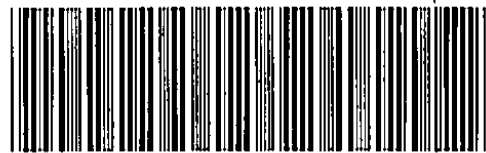
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEMINOLE WIND STABLES, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000122604

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:

Donald W. Wallis

Name of Person

Upchurch, Bailey and Upchurch, P.A.

Name of Firm/Company

780 N. Ponce de Leon Blvd.

Address

St. Augustine, Florida 32084

City/State and Zip Code

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

For further information concerning this matter, please call:

Donald W. Wallis

Name of Person

at (904) 829-9066

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn liability company.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,

Donald W. Wallis

, hereby resigns as

Name of Registered Agent

Registered Agent for SEMINOLE WIND STABLES, LLC

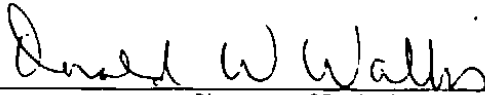
Name of Limited Liability Company

L10000122604

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



Signature of Resigning Agent

If signing on behalf of an entity:

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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