

R10 000 1ZZ 604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

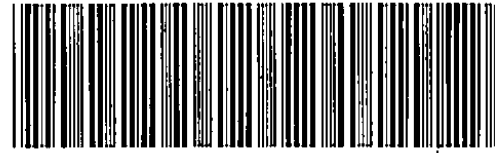
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



50033437364

09/27/19--01024--001

2019 SEP 27 PM 2:40

**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 at (904) 829-9066  
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for \$85.00 for an active liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn liability company.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

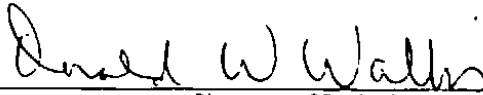
\_\_\_\_\_  
Name of Limited Liability Company

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**

2019 SEP 27 PM 2:40