

L11000011260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

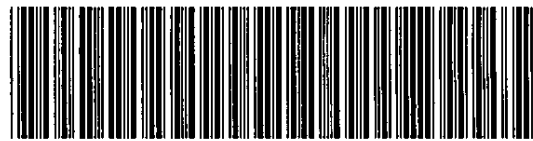
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
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2016 SEP -6 PM 3:03

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
2016 SEP -6 PM 12:56

SEP 09 2016

BULKER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAPODILLA VIEW GP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000011260

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:

Brooke Daugherty-Hayes
Name of Person

National Corporate Research, Ltd.
Name of Firm/Company

850 New Burton Road, Suite 201
Address

Dover, DE 19904
City/State and Zip Code

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

For further information concerning this matter, please call:

Brooke Daugherty-Hayes at (866) 621-3524
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

National Corporate Research, Ltd.

Name of Registered Agent

, hereby resigns as

Registered Agent for

SAPODILLA VIEW GP, LLC

Name of Limited Liability Company

L11000011260

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.

Brooke D. Hayes
Signature of Resigning Agent

If signing on behalf of an entity:

Brooke Daugherty-Hayes

Typed or Printed Name

Assistant Secretary

Capacity

FILED
16 SEP -6 PM 3:00
TALLHASSEE, FLORIDA

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