L11000037790

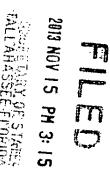
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D. BRUCE

COVER LETTER

SUBJECT: THE SEASIDE VILLAGE LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L11000037790	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	e submitted
Please return all correspondence concerning this matter to the following:	
Rhonda Peirce Name of Person	
Capitol Services Registered Agent Department Name of Firm/Company	
800 Brazos, Suite 400 Address	2011
Austin, Texas 78701 City/State and Zip Code	ZOUS NOV 15
rpeirce@capitolservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	PH 3: 15
Rhonda Peirce at (800) 345-4647 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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,			
Capitol Corporate Services, Inc. , hereby resigns as			
Name of Registered Agent			
Registered Agent for			
THE SEASIDE VILLAGE LLC	,		
Name of Limited Liability Company			
L11000037790 Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability company at its last kr	own address.		
The agency is terminated and the office discontinued on the 31st day after the date on which th	is statement is fil	ed.	
Signature of Resigning Agent If signing on behalf of an entity:	ALL AHE	AON 8182	7.
Jason Fischer	985 885 885	25	
Typed or Printed Name	The state of the s	말	777
Assistant Secretary	ြို့တ	ယ္	(factoria)
Capacity	2014 504	-	Same

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