111000050032

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



700225147347

03/19/12--01046--008 **85.00

ESECRETARY OF STATE TALLAHASSEE, ELORIDA

MITMAR IQ AM 9- 9

J. SAULSBERRY EXAMINER

MAR 21 2012

COVER LETTER

SUBJECT: Countryside Property Management, Name of Limited Liability Company	<u>L</u> L	_ >	
DOCUMENT NUMBER: LILOOOOSOO3Z			
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	ee are s	ubmitte	ed
Please return all correspondence concerning this matter to the following:			
Jeffery B. Bock Name of Person			
Name of Firm/Company	⊼ i.	21	
1880 N. Congress Due #302	SEURETAR LLAHASS	2012 MAR 19	
Boynton Beach, FL 33426 City/State and Zip Code	Y OF STA	AM 8: 3	İ
<u>doucet martin</u> <u>e</u> <u>Gmail</u> <u>Com</u> E-mail address: (to be used for future annual report notification)	TEA	32	
For further information concerning this matter, please call:			
Henin Doucet at (415) 939-1735 Name of Person at (415) 939-1735 Area Code & Daytime Telephone Num	ber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Amendment Section Division of Corporations

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,			
Chery L. Martin, hereby resigns as			
Registered Agent for Country Side Property Managem	ient, L	LC.	
Name of Limited Liability Company		_,	
L11000050032 Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability company at its last known	own address.		
The agency is terminated and the office discontinued on the 31st day after the date on which this	s statement i	s filed.	
<u>seno</u>			
Signature of Resigning Agent	SEC	2012 HAR 1	
If signing on behalf of an entity:	AR	T ,	- `
Doucet, Martin + Associates, Inc. Typed or Printed Name	TARÝ ASSEE	20 1	_!
President Capacity	OF STA		
•			

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

FILING FEES:

\$ 85.00 | Active limited liability company
\$ 25.00 | Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company