

L110000089979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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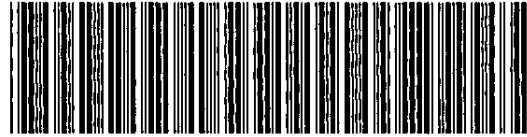
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Swamp Shack FLA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000089979

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:

Elissa Dubberly
Name of Person

Name of Firm/Company

PO Box 74
Address

Pierson, FL 32180
City/State and Zip Code

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

For further information concerning this matter, please call:

Elissa Dubberly at (386) 749-4345
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

William Mark Dubberly

Name of Registered Agent

, hereby resigns as

Registered Agent for Swamp Shack FLA, LLC

Name of Limited Liability Company

L11000089979

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.

William Mark Dubberly

Signature of Resigning Agent

If signing on behalf of an entity:

William Mark Dubberly

Typed or Printed Name

Owner/President

Capacity

FILED
12 JUN 25 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, 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