

41000112033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

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STATE
SECRETARY OF
TALLAHASSEE
17 FEB -6 PM 12:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enchanted Forest at Cape Coral LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L11000112033

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:

Cheryl Myers
Name of Person

Enchanted Forest at Cape Coral LLC.
Name of Firm/Company

1616 Cape Coral Pkwy. W. Unit 114
Address

Cape Coral Florida 33914
City/State and Zip Code

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

For further information concerning this matter, please call:

Cheryl Myers at 239 540-3353
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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,

Cheryl Myers

Name of Registered Agent

, hereby resigns as

Registered Agent for

Enchanted Florist at Cape
Coral LLC.

Name of Limited Liability Company

L11000112033

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.

Cheryl Myers

Signature of Resigning Agent

If signing on behalf of an entity:

Cheryl Myers

Typed or Printed Name

1

Capacity

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -6 PM 12:00

FILING FEES:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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L11000112033
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