

L12000009735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

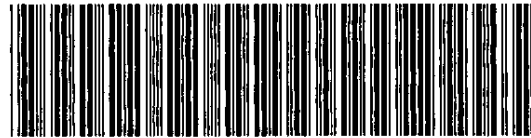
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700303401147

09/18/17--01002--020 **85.00

FILED
SEP 18 PM 1:47
TALLAHASSEE, FLORIDA

SEP 19 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLAPBOARD CREEK TISH CAMP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12 00000 9735

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:

Lucia Mylius
Name of Person

Name of Firm/Company

78 W 9th Street
Address

Atlantic Beach, FL 32233
City/State and Zip Code

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

For further information concerning this matter, please call:

Lucia Mylius at (904) 402-3663
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Lúcia SO' Mylius, hereby resigns as
Name of Registered Agent

Registered Agent for CLAPBOARD CREEK FISH CAMP, LLC

Name of Limited Liability Company

L12000009735
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.

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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**

FILED
2018 SEP 18 PM 1:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE