

U12 000019943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

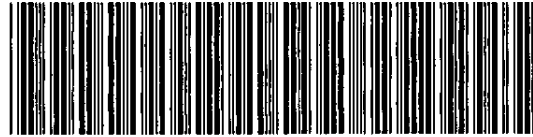
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. CLINE  
APR - 2 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2012

SHARON STRICKLAND  
164 ROSELLE COURT  
PORT CHARLOTTE, FL 33952

SUBJECT: HARBOR BLVD , LLC  
Ref. Number: L12000019943

We have received your document for HARBOR BLVD , LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form for mgrm resignation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 512A00009292

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Harbor Blvd. L.L.C.  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sharon Strickland  
(Contact Person)

Harbor Blvd. L.L.C.  
(Firm/Company)

164 Roselle Court  
(Address)

Port Charlotte, FL. 33952  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Strickland at ( 678 ) 776-3668  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Harbor Blvd. L.L.C.

2. This limited liability company was organized under the laws of:

Florida Divisions of Corporations

3. The Florida document/registration number of this limited liability company is:

L 120000 19943

4. I, Mark Strickland, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Mark Strickland

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)