

L12000066758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

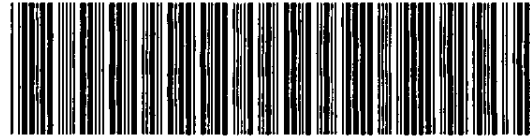
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Resign

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03/05/13--01005--011 **25.00

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2013 MAR -3 AM 8:52
CLERK OF STATE
TALLAHASSEE, FL 32304

I. SAULSBERRY
EXAMINER
MAR 6 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liberty Land Trust Company LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dominika Kasiuk

(Name of Person)

(Firm/Company)

5645 coral ridge drive suite 102

(Address)

coral springs fl 33076

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

dominika

(Name of Person)

at (561) 6922100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &
Certificate of Status

p \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

p \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration 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,

Peter J Bowers PA

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **Liberty Land Trust Company LLC**

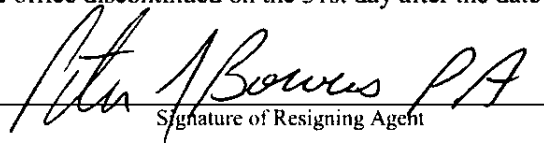
Name of Limited Liability Company

L12000066759

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 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

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TALLAHASSEE, FLORIDA
DEPT. OF STATE

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314