12000083841

(F	Requestor's Name)	·				
(/	Address)					
(/	Address)					
(0	City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						
SEP 2 5 2012						
L. SE LLERS						
		i				

Office Use Only



400231143474

09/19/12--01007--017 **85.00

12 SEP 20 PM 12; 38,E SECRETARY OF STATE TALLAHASSEE. FLORUDA.

COVER LETTER

for

Division of Corporations
SUBJECT: Sand Dollar Shuttle (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
Chris Ferry
FWB Acts Brokers (Firm/Company)
1697 W. HWY 98
Mary Esther FC 32569 (City/State and Zip Code)
For further information concerning this matter, please call:
Chris Ferry (Name of Contact Person) at (\$50) 585 7227 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

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

Registration Section

CR2E079 (5/06)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.410	6(2) or 608.509,	Florida Statute	s, the undersign	ned,			
Christopher	R FERR	21	, l	nereby resigns a	as			
Na	ame of Registered Ag	gent	1					
Registered Agent for	and D	ollar	Shut	4k			_	
	Name of Li	imited Liability Con	npany		· · · · · · · · · · · · · · · · · · ·		_,	
L1200	00838	41	•	•				
Document Numb	er, if known	•		·				
A copy of this resignation v	was mailed to the	above listed lim	ited liability co	mpany at its la	st known a	.ddress	S.	
The agency is terminated a	nd the office disc	continued on the	31st day after th	ne date on whic	h this state	ment	is file	ed.
	mentak	& PFON						
-4	(850) S	Signature of Res	igning Agent					
If signing on behalf of an e	ntity:		•	•				
-		Typed or Printed Na	me					
	·	Capacity						
	,				TAL	as:	12	
					LAI	£	SEP 20	
	EMINI	G FEES:			;; (4)	, <u></u> -	թ 2	71
	√ \$ 85.00	Active limite	d liability com	ipany				27-10-20
	V \$ 25.00	Administrati	vely dissolved imited liability	/ voluntarily di		<u> </u>	PH	
		***************************************		pany		S	ひ	O

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314