/12000121292

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KEITHLY FLORIDA HOLDINGS, LLO	C Jahility Company	
DOCUMENT NUMBER: L12000121292	chaomity Company	
The enclosed Resignation of Registered Agent for a l for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this mate	ter to the following:	
COLLEEN BEINHAUER F/K/A COLLEEN CAR	SON	
Name of Person		
BASKIN FLEECE		
Name of Firm/Company	-	
13535 FEATHER SOUND DRIVE, STE 200		
Address		
CLEARWATER, FL 33762		
City/State and Zip Code		
lokeith@mindspring.com		
E-mail address: (to be used for future annual report notific	ration)	
For further information concerning this matter, please	e call:	
PAT STETHEM 727	7 <u>5724545</u>	
Name of Person Are	5724545 a 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations I	Division of Corporations	

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
COLLEEN A. CARSON K/N/A COLLEEN C. BEINHAUER , hereby resigns as	
Name of Registered Agent	1
Registered Agent for KEITHLY FLORIDA HOLDINGS, LLC	سر
To the second se	
Name of Limited Liability Company	
L12000121292	
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.	
Olller & Benhaum Signature of Resigning Agent	
If signing on behalf of an entity:	
Typed or Printed Name	
Capacity	

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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