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2022 MAR 31 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Runaway Bay, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000129175

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:

Ian D. Kelly  
Name of Person

Runaway Bay, LLC  
Name of Firm/Company

P.O. Box 27307  
Address

Panama City, FL 32411  
City/State and Zip Code

iankelly5@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian D. Kelly at ( 704 ) 648-1945  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

**FILED**  
2022 MAR 31 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Kathryne P Shafer, hereby resigns as  
Name of Registered Agent

Registered Agent for Bunaway Bay, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L12000129175

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.

Kathryne P. Shafer  
Signature of Resigning Agent

If signing on behalf of an entity:

KATHRYNE P. SHAFER  
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withdrawn limited liability company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