

L12000135998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

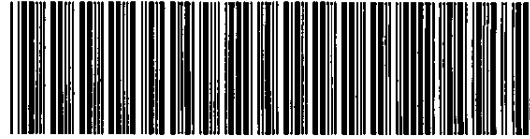
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 FEB - 9 AM 10:22

C.L.  
2-16-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SANIBEL PALM REAL ESTATE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 12000 135 998

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:

\_\_\_\_\_  
Name of Person

SAMANTHA M. HOWES, CPA, P.A.  
Name of Firm/Company

13440 PARKER COMMONS BLVD. STE 103  
Address

FORT MYERS, FL 33912  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMANTHA HOWES at ( 239 ) 225-1587  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

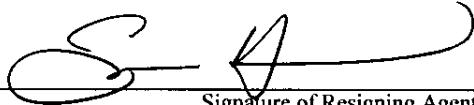
SAMANTHA M. HOWES CPA, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for SANIBEL PALM REAL ESTATE LLC  
Name of Limited Liability Company

L12000135998  
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:

SAMANTHA M. HOWES  
Typed or Printed Name  
PRESIDENT  
Capacity

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 FEB - 9 AM 10:23

**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