

L12000135998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

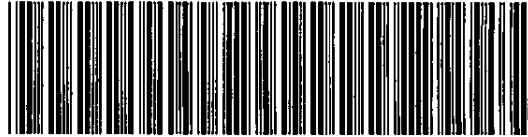
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000268714000

02/09/15--01018--001 **25.00

FILED
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 REALESTATE 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

FILED
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