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## **COVER LETTER**

Division of Corporations	
SUBJECT: SANIBEL	CAPTIVA REALTY GROUP LLC me of Limited Liability Company
DOCUMENT NUMBER:/	2000 136 004
The enclosed Resignation of Registere for filing.	d Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conce	rning this matter to the following:
Name of Person	<del></del>
SAMANTHA M. HOW Name of Firm/Compa	ES CPA. PA.
13440 PARKER O	OMMONS BLVS SUITE 103
FORT MYERS, FL City/State and Zip Co	33912
E-mail address: (to be used for future and	nual report notification)
For further information concerning this	s matter, please call:
SAMANTHA HOWES  Name of Person	at ( 239 ) 225-1587 Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an administration of the liability company.	ne Florida Department of State for \$85.00 for an active limited ninistratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section	STREET ADDRESS: Registration Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section

## 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, hereby resigns as		
Name of Registered Agent  Registered Agent for SANIBEL CAPTIVA REALTY GROUP	LLC	<u>-</u>
Name of Limited Liability Company		و
L 12000 136004  Document Number, if known  A corpy of this resignation was resiled to the above listed limited liability company at its lest known as	addmoog	
A copy of this resignation was mailed to the above listed limited liability company at its last known at the agency is terminated and the office discontinued on the 31st day after the date on which this state.		
Signature of Resigning Agent		9
If signing on behalf of an entity:  SAMANTHA M. HOWES  Typed or Printed Name  PRESIDENT  Capacity	5 FEB -9 AM 10: 20	SECRETARY OF STATE VISION OF COMPORATIONS
FILING FEES:  \$ 85.00		

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