

L130000 53373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

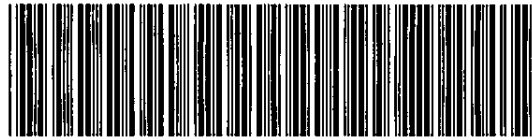
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800267251528

12/15/14--01009--022 **220.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 15 PM 3:50

DEC 18 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED POST LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000053373

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:

CHRISTOPHER R MARTIN
Name of Person

RED POST LLC
Name of Firm/Company

~~1507 MEETING PL~~ 4837 Waterwitch Point Dr
Address

ORLANDO FL ~~32814~~ 32806
City/State and Zip Code

CMARTIN@REDPOSTPROPERTIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER R MARTIN at (407) 398-1440 // (407) 529-9286
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

GREGORY BRIAN BALL _____, hereby resigns as
Name of Registered Agent

Registered Agent for **RED POST LLC** _____
Name of Limited Liability Company

L13000053373 _____
Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 15 PM 3:50

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:

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**