

L/3000055339

(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:

JAN 16 2013

A. LUNT

Office Use Only



600255150776

01/02/14--01017--020 **25.00

FILED
JAN 16 2013
CLERK OF COURT
CLERK OF COURT

2014 JAN -2 PM 4:38

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Latitude 31, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000055339

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:

Deborah S Mitchell

Name of Person

Latitude 31, LLC

Name of Firm/Company

1830 Green Springs Circle

Address

Fleming Island, FL 32003

City/State and Zip Code

DebMitchell@Lat31.com

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

For further information concerning this matter, please call:

Deborah Mitchell

Name of Person

at

904

Area Code

305-6488

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2014 JAN - 2 PM 4:38
CLERK OF COURT
JAN 2 2014
TALLAHASSEE, FL

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Dirk P Hebert

, hereby resigns as

Name of Registered Agent

Registered Agent for **Latitude 31, LLC**

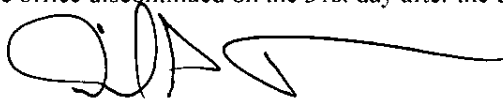
Name of Limited Liability Company

L13000055339

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:

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