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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052 Phone

: (850)656-7956

Fax Number

: (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address	

# LLC REGISTERED AGENT RESIGNATION LASPINA CLEARWATER PROPERTIES, LLC

Certificate of Status	0
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TO:

## **COVER LETTER**

Division of Corporations		
SUBJECT: LASPINA CLEARWATER PROP	ERTIES, L	LC
Name of Limit	ted Liability	Company
DOCUMENT NUMBER: L13000116966	<del></del>	
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the	e following:
MONICA CLIFFORD		
Name of Person	<del></del>	
INCORPORATING SERVICES, LTD.		•
Name of Firm/Company		
3500 SOUTH DUPONT HIGHWAY		
Address		
DOVER, DE 19901		
City/State and Zip Code		
RADIV@INCSERV.COM		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, p	olease call:	
MONICA CLIFFORD	800	346-4646
Name of Person	Atea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provisions of	section 605.0115	, Florida Statutes, the undersig	ned,		
INCORPORATING SERVICES, LTD.		he	ereby resigns as		
	e of Registered Agent		. •		
Registered Agent for LASF	INA CLEARW	ATER PROPERTIES, LL	.C	<u>_</u>	
	Name of Limit	ed Liability Company			
L13000116966					
Document Number	, if known	<del></del>	·		
A copy of this resignation w	as mailed to the at	oove listed limited liability con	npany at its last known add	ress.	
The agency is terminated and  If signing on behalf of an en	Am.	signature of Resignature Agent	e date on which this statem	ent is f	iled.
AM	MY M. BALKE			증	*. (n
AS	T) SSISTANT SE	ped or Printed Name CRETARY	<del></del>	吾一	
-		Capacity	<del></del>	-3 ·AM 9:	
·	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolved/ company	: <del>0</del> 8	

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