

L13000 135416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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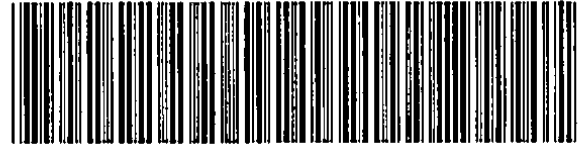
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED 13-09-13 10:10 AM

FILED
13 SEP -3 AM '13

SEP 13 2013
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDESTIN APOTHECARY SERVICE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000135416

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:

DAMON BECNEL

Name of Person

VISIONARY DESTIN, INC.

Name of Firm/Company

15000 EMERALD COAST PARKWAY

Address

DESTIN, FLORIDA 32541

City/State and Zip Code

CGARGER@VISIONARYDESTIN.COM

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

For further information concerning this matter, please call:

CHRISTINE GARGER

Name of Person

at (850) 337-5174

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

CHRISTINE GARGER

, hereby resigns as

Name of Registered Agent

Registered Agent for **SANDESTIN APOTHECARY SERVICES, LLC**

15000 EMERALD COAST PARKWAY, DESTIN, FLORIDA 32541

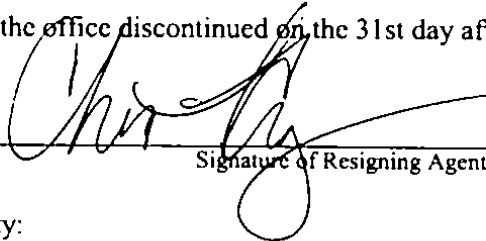
Name of Limited Liability Company

L13000135416

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

19 SEP -3 AM 11:13
FILED
TALLAHASSEE, FL

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