

L/3000174559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

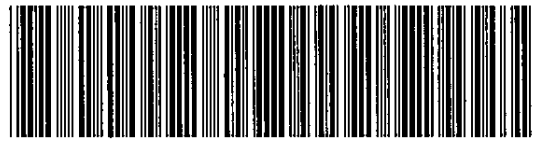
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUN - 2 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN - 8 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIESTA NEST, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000174559

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:

Jonathan Hall
Name of Person

Siesta Nest, LLC
Name of Firm/Company

~~5933 Shadow Lawn Drive~~ 2746 TANGELD DRIVE
Address

Sarasota, FL ~~34242~~ 34239
City/State and Zip Code

jghall1234@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Hall at () 941 961-0980
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,
Jennifer Hall

_____, hereby resigns as
Name of Registered Agent

Siesta Nest, LLC
Registered Agent for _____

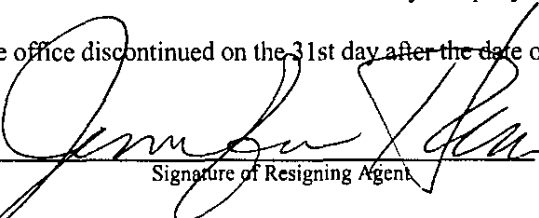
Name of Limited Liability Company

L13000174559

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**

FILED
2015 JUN -2 PH12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA