

05/05/2016 11:34

352-751-4993

MCLIN BURNSED LLP

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5/5/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H160001124603ABCV

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From:

Account Name : MCLIN & BURNSED P.A.
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: megm@mclinburnsed.com

LLC REGISTERED AGENT RESIGNATION
PARROT'S BEAK PALM TREE FARM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

K. SALY
EXAMINER

MAY - 6

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parrot's Beak Palm Tree Farm, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000011799

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:

Wyatt V. Earp

Name of Person

Parrot's Beak Palm Tree Farm, LLC

Name of Firm/Company

31 Ocale Way

Address

Summerfield, FL 34491

City/State and Zip Code

wearp846@aol.com

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

For further information concerning this matter, please call:

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

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

Brian D. Hudson

, hereby resigns as

Name of Registered Agent

Registered Agent for Parrot's Beak Palm Tree Farm, LLC

Name of Limited Liability Company

L14000011799

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

INHS17 (2/14)

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FILED
2016 MAY -5 AM 10:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE