

L14000 041 382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

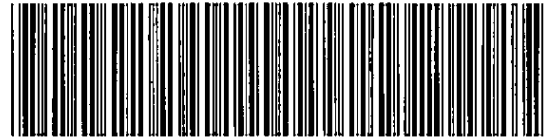
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000335959840

10/23/19--01039--009 **35.00

2019 - J PM 12:26

RA/RES

DEC 11 2019

1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lily Pads of Bluewater Bay LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000047382

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:

Brad Congleton

Name of Person

Brad Congleton CPA Inc

Name of Firm/Company

2050 W County Highway 30a Ste 214

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

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

For further information concerning this matter, please call:

Brad Congleton

at (850) 622-2280

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2019

BRAD CONGLETON
BRAD CONGLETON CPA INC
2050 W. COUNTY HIGHWAY 30A - STE. 214
SANTA ROSA BEACH, FL 32459

SUBJECT: LILY PADS OF BLUEWATER BAY, LLC
Ref. Number: L14000047382

We have received your document for LILY PADS OF BLUEWATER BAY, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00023851

2019 DEC -9 PM 12:06

NOV 21 2019

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BRAD CONGLETON CPA INC, hereby resigns as
Name of Registered Agent

Registered Agent for Lily Pads of Bluewater Bay LLC

Name of Limited Liability Company

L14000047382

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:

Brad Congleton

Typed or Printed Name

Agent

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