



**SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.**

ATTORNEYS AT LAW  
9100 COLLEGE POINTE COURT  
FORT MYERS, FLORIDA 33919  
(239) 334 - 1141 PHONE  
(239) 334 - 3965 FAX

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**MEMORANDUM**

October 2, 2017

**FROM:** JAY A. BRETT

**TO:** Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32304

**RE:** MISTY MORNING FOUR, LLC

Enclosed herewith please find the following:

1.	Resignation of Registered Agent	\$ 85.00
2.	Registered Agent Office Change	\$ 25.00
3.	Resignation of Manager/Member	\$ 25.00
4.	Resignation of Member	\$ <u>25.00</u>
	Total:	\$160.00

Also enclosed is our check in the amount of \$160.00 representing the required fees due for each of the above.

Should you have any questions or comments, please do not hesitate to contact our office.

Kind regards,

JAB:mp  
Enclosures  
CF-27,519

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MISTY MORNING FOUR, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000062107

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:

Jay A. Brett

Name of Person

Sheppard, Brett, Stewart, Hersch, Kinsey & Hill, P.A.

Name of Firm/Company

9100 College Pointe Court

Address

Fort Myers, FL 33919

City/State and Zip Code

~~redcan33914@me.com~~

CLutch Farms @Gmail .com

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

For further information concerning this matter, please call:

Jay A. Brett

at (

239

334-1141

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Karen K. Aust

, hereby resigns as

Name of Registered Agent

Registered Agent for MISTY MORNING FOUR, LLC

Name of Limited Liability Company

L14000062107

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:

n/a

Typed or Printed Name

n/a

Capacity

**FILED**  
**17 OCT -5 AM 9:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

### 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