

214000144 854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

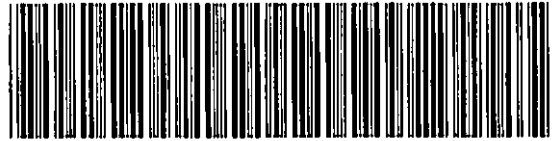
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 JUL 23 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
JUL 28 2018

Phil Griffin  
608 S 8<sup>th</sup> St  
Fernandina Beach FL 32034

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

July 17, 2018

**Ref: Statement of Fact: Amelia FL, LLC Document #L14000144854**

To Whom it May Concern

Please be advised that I, Phil Griffin was listed as registered agent for Amelia FL, LLC without my knowledge or consent for anyone to do so.

If you have any questions please call me at 904-556-9140.

Regards,



Phil Griffin

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amelia FL, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000144854

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:

Phil Griffin

\_\_\_\_\_  
Name of Person

Amelia Coastal Realty

\_\_\_\_\_  
Name of Firm/Company

608 S 8th St

\_\_\_\_\_  
Address

Fernandina Beach FL 32034

\_\_\_\_\_  
City/State and Zip Code

info@acrfl.com

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

For further information concerning this matter, please call:

Phil Griffin

\_\_\_\_\_  
Name of Person

at (

904

)  
Area Code

556-9140

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Phil Griffin \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Amelia FL, LLC

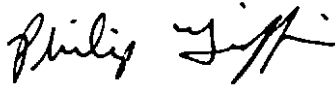
\_\_\_\_\_  
Name of Limited Liability Company

L14000144854

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

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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