11400144854

(R	requestor's Name)	
(A	ddress)	
(Ā	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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O SIMMONS JUL 2 8 2018 Phil Griffin 608 S 8th 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

SUBJECT: Amelia FL, LLC Name			
Name	e of Limited Liabi	ility Company	
DOCUMENT NUMBER: L14000144	854		
The enclosed Resignation of Registered for filing.	Agent for a Lim	ited Liability Company and fee are	submitted
Please return all correspondence concerr	ning this matter t	o the following:	
Phil Griffin			
Name of Person			
Amelia Coastal Realty			
Name of Firm/Company	y		
608 S 8th St			
Address			
Fernandina Beach FL 32034			
City/State and Zip Code	2		
info@acrfl.com			
E-mail address: (to be used for future annua	al report notification	n)	
For further information concerning this r	natter, please cal	II:	
Phil Griffin	904	556-9140 Ode Daytime Telephone Number	
Name of Person	Area Co	ode Daytime Telephone Number	

MAILING ADDRESS:

liability company.

TO: Registration Section

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 605.01	15, Florida Statutes, the undersigned,
Phil Griffin	, hereby resigns as
Name of Registered Ag	
Registered Agent for Amelia FL, LLC	
Name of Li	imited 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.
If signing on behalf of an entity:	Signature of Resigning Agent Typed or Printed Name Capacity Capacity
	Typed or Printed Name
	Capacity
FILING \$ 85.00 \$ 25.00	G FEES: Active limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314