

U4000157333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOLF VIEW VILLAS OF NSB LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000157333

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:

JACKIE L. MOLE  
Name of Person

JACKIE MOLE  
Name of Firm/Company

6068 RED STAG DR  
Address

PORT ORANGE FL 32128  
City/State and Zip Code

JACKIEMOLE@ICLOUD.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE L. MOLE at ( 321 ) 258-4213  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

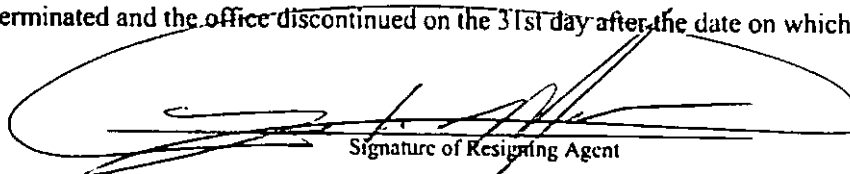
JACKIE MOLE, hereby resigns as  
Name of Registered Agent

Registered Agent for GOLF VIEW VILLAS OF NSB, LLC  
GOLF VIEW VILLAS OF NSB, LLC  
Name of Limited Liability Company

L1400015733  
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:

JACKIE L. MOLE  
Typed or Printed Name

RA  
Capacity

2017 DEC 15 10:31

### 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