

L14 000169462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

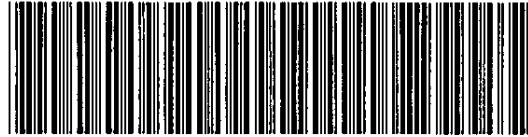
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500276294555

08/24/15--01022--030 **85.00

FILED
2015 AUG 24 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outagamie AUG 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Quail Ranch LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000169462

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:

Hector Andara

Name of Person

The Quail Ranch LLC

Name of Firm/Company

18225 SW 188th St

Address

Miami FL 33187

City/State and Zip Code

thequailranch@gmail.com

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

For further information concerning this matter, please call:

Hector Andara

407

927-8628

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Ana Lorena Vargas

, hereby resigns as

Name of Registered Agent

THE QUAIL RANCH LLC

Registered Agent for

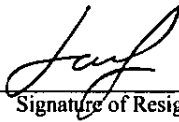
Name of Limited Liability Company

L14000169462

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

FILED
2015 AUG 24 PM 12:29
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