

L150000070916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

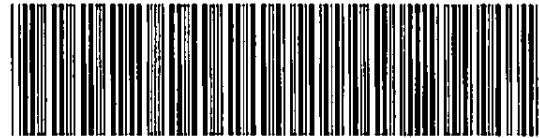
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000306061980

11/30/17--01029--014 \*\*87.50

D. SCOTT  
DEC 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2017

GENELLE BENNETT  
1250 W SR 434 SUITE 1000  
LONGWOOD, FL 32750

SUBJECT: MAVERICK ESTATES AFTON LLC  
Ref. Number: L15000007096

We have received your document for MAVERICK ESTATES AFTON LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 917A00024271

2017 DEC 18 PM 11:27

MAVERICK ESTATES AFTON LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maverick Estates AFTON, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 1500000 7096

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:

Genelle Bennett  
Name of Person

Real PM PROS  
Name of Firm/Company

1250 W. SR. 434, Ste 1000  
Address

Longwood, FL 32750  
City/State and Zip Code

Dingogene@201.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gene Bennett at ( 407 ) 492-4210  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Genelle Bennett, hereby resigns as  
Name of Registered Agent

Registered Agent for Maverick Estates AFTON, LLC  
Name of Limited Liability Company

L15000007096  
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.

Genelle Bennett  
Signature of Resigning Agent

If signing on behalf of an entity:

Genelle Bennett  
Typed or Printed Name  
Capacity

**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