

U5000008201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

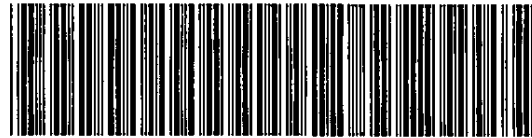
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
16 DEC -5 PM 4:40

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE VENTURES, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michelle Partin  
(Contact Person)

THE VENTURES, LLC DBA RE-MAX THE HUB  
(Firm/Company)

5463 Gateway Village Circle Ste 104  
(Address)

Orlando, FL 32812  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Partin at ( 407 ) 219-9395  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA  
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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michelle Partin

, hereby resigns as

Name of Registered Agent

Registered Agent for

The Ventures, LLC DBA RE/MAX The Hub

The Ventures, LLC DBA RE/MAX The Hub

Name of Limited Liability Company

L1500008201

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.

Michelle Partin

Signature of Resigning Agent

If signing on behalf of an entity:

Michelle Partin

Typed or Printed Name

Director of Sales/Broker & Record Manager

Capacity

(AMBR)

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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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE VENTURERS, LLC DOA RE/MAX THE HUB  
Name of Limited Liability Company

DOCUMENT NUMBER: L15000008201

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:

Michelle Partin

Name of Person

THE VENTURERS, LLC DOA RE/MAX THE HUB  
Name of Firm/Company

5463 Gateway Village Circle Ste 104  
Address

Orlando, FL 32812

City/State and Zip Code

MAQUED. sherif@kemetventures.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Partin

Name of Person

at ( 401 ) 207-9395

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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: THE VENTURES, LLC DBA Re/Max The Hub

2. The Florida document/registration number assigned to this limited liability company is:

L15000008201 / FEI/EIN: 47-2878622

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-18-16

4. I, Michelle Patten, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Director of Sales / Broker of Record / Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Michelle Patten  
Signature of Dissociating Member or Resigning Manager

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TALLAHASSEE, FLORIDA  
16 DEC -5 PM 4:40

✓ Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)