# h15000061014

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### **COVER LETTER**

SABER 1800 ALTON EQUITY, LLC SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L15000061014	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subroof filing.	nitted
Please return all correspondence concerning this matter to the following:	
Connie Hogan	
Name of Person	
Unisearch, Inc.	
Name of Firm/Company	
1780 Barnes Blvd. SW	
Address	
Tumwater, WA 98512	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Connie Hogan at ( 360 ) 956-9500 x118  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section Division of Corporations

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

### **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, th	e undersigned,	
Unisearch, Inc.		, hereby resigns as	
	Name of Registered Agent	, ,	
Registered Agent for	SABER 1800 ALTON EQUITY, LLC		_
	Name of Limited Liability Company		<u>_</u> ,
L15000061014			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited li	ability company at its last known address	S.
The agency is terminate	ed and the office discontinued on the 31st d	ay after the date on which this statement	is filed.
	Currie Hoyan Signature of Resigning	SECRETALLAHA	
If signing on behalf of a	an entity:	ARE	Ti
	Connie Hogan	ASS ASS	1
	Typed or Printed Name	70F	F-1-77
	Asst. Sec. for Unisearch, Inc.		
	Capacity	<u> </u>	ຸ້

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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