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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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K.SALY EXAMINER FEB 26

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Spagrove Bouch Art Collective, LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L15 0000 7 2213</u>
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:
Rae Johnson Name of Person
Seagrove Beach Art Collective, LLC Name of Firm/Company
23 Laurel Oak Lave Address
Sawta Rosa Reach, FL 32459 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ray Tohnson at (850) 396-37/8 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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. STREET ADDRESS.

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, F	Florida Statutes, the undersigned,
Chery Tindell Name of Registered Agent	, hereby resigns as
Registered Agent for Seagrove To	Beach Art Collective, LLC
Name of Limited	Liability Company
L 15 0000 722 13 Document Number, if known	
A copy of this resignation was mailed to the above	ve listed limited liability company at its last known address.
The agency is terminated and the office discontin	nued on the 31st day after the date on which this statement is filed.
- Cihy Si	Judel gnature of Resigning Agent
If signing on behalf of an entity:	22 P
Турех	d or Printed Name
	Capacity 57 -

\$ 85.00 \$ 25.00

Active limited liability company
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withdrawn limited liability company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