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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: White Sand Savasota LLC Name of Limited Liability Company
DOCUMENT NUMBER:
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:
How GLAN AND Name of Person
Name of Firm/Company
Newark, CA, 94560 City/State and Zip Code
Newark, A, 94560 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angi'e A at (415) 7/7- 9518 Name of Person at (415) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15, Florida Stati	utes, the undersig	gned,		
United States	Corporation Name of Registered Ag	Agent	5	ereby resigns as	;	
Registered Agent for _		White	Sand	Saras	sota	<u>_</u>
	Name of Li	mited Liability Cor	npany			1
Document N	umber, if known					
A copy of this resignati	on was mailed to the	above listed lin	nited liability cor	mpany at its last	known addr	ess.
The agency is terminate	United 5	tates (r par a h'm signing Agent	Agents,	TAC	
If signing on behalf of	Che US	YENNE Typed or Printed N Corp Capacity	Mose, Agent	ley S	AN ES EZ	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314