

L15000177844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

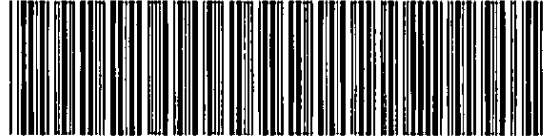
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/19/22--01012--026 **25.00

2022 DEC 19 AM 8:34

FILED

MAR - 4 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKELETON KEY PROPERTIES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.15000177844

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:

MARK WARDA

Name of Person

LT.S.C., LLC

Name of Firm/Company

28 WEST PARK AVE

Address

LAKE WALES, FL 33853

City/State and Zip Code

INFO@FLORIDALANDTRUST.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK WARDA

863

678-0011

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2022 DEC 19 AM 8:34

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

L.T.S.C., LLC

, hereby resigns as

Name of Registered Agent

SKELETON KEY PROPERTIES, LLC

Registered Agent for

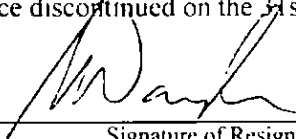
Name of Limited Liability Company

L15000177844

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.


Signature of Resigning Agent

If signing on behalf of an entity:

MARK WARDA

Typed or Printed Name

PRESIDENT OF MANAGER

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