

LS000201615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF CIRCUIT
JILL HASTEN, FLORIDA

2018 MAY -7 P 3:55

FILED

D. SCOTT

MAY 10 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2018

WILBUR SMITH
PO DRAWER 8
FORT MYERS, FL 33902

SUBJECT: LUCE TRES, LLC
Ref. Number: L15000201615

We have received your document for LUCE TRES, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 518A00007590

2018 MAY -7 P 3 55
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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2018 MAY -7 PM 1:41

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCE TRIS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000201615

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:

Wilber Smith Attorneys at Law
Name of Person

1415 Henday Street
Address

Fort Myers, FL 33901
City/State and Zip Code

Fort Myers, FL 33901
City/State and Zip Code

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

For further information concerning this matter, please call:

Zane Vetcher at (239) 334-3669
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2010 MAY -7 P 3:52
TALLAHASSEE, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

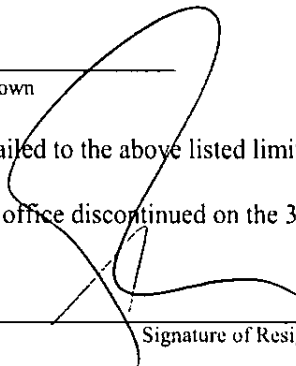
Steven A. RAMUNNI, Esq., hereby resigns as
Name of Registered Agent

Registered Agent for LUCE TRES, LLC
Name of Limited Liability Company

415000201415
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:

Typed or Printed Name

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

FILED
10 MAY -7 P 3:55
TALLAHASSEE, FL 32314