

L16000012380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

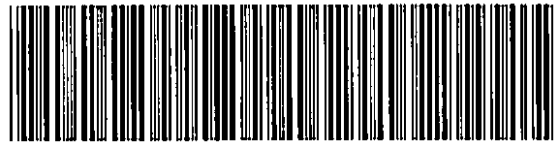
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2018

TOM KEETON
836 NE 7TH TERRACE, #2
CAPE CORAL, FL 33909 US

SUBJECT: SURF N TURF PRO, LLC
Ref. Number: L16000012380

We have received your document for SURF N TURF PRO, 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 CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 118A00012418



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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2018

TOM KEETON
836 NE 7TH TERRACE, #2
CAPE CORAL, FL 33909 US

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Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 918A00013201

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surf N Turf Pro, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000012380

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:

Tom Keeton
Name of Person

Surf N Turf Pro, LLC
Name of Firm/Company

836 NE 7th Terrace, Unit 2
Address

Cape Coral, FL 33909
City/State and Zip Code

tom@surfturfpro.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Keeton at (239) 292-1188
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

2018 AUG 27 AM 11:10

PROCESSED



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

GEORGE H. KNOTT, ESQ.

Name of Registered Agent

, hereby resigns as

Registered Agent for Surf N Turf Pro, LLC

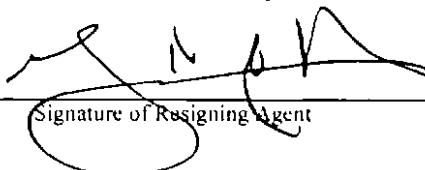
Name of Limited Liability Company

L16000012380

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:

George H. Knott

Typed or Printed Name

Registered Agent

Capacity

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18 AUG 29 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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