

L16000015238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

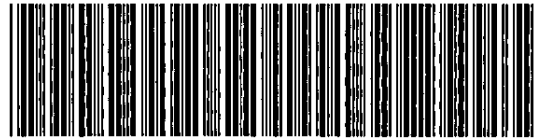
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700293035867

12/20/16--01010--016 **170.00

FILED
16 DEC 20 PM 2:27
TALLAHASSEE, FLORIDA

DEC 22 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: This Side of Paradise LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000015238

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:

Anne Paul

Name of Person

WWMRG

Name of Firm/Company

9045 Strada Stell Ct., #400

Address

Naples, FL 34109

City/State and Zip Code

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

For further information concerning this matter, please call:

Anne Paul

Name of Person

at (239) 325-2298

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Woods, Weidenmiller, Michetti & Rudnick PL, hereby resigns as
Name of Registered Agent

Registered Agent for This Side of Paradise, LLC

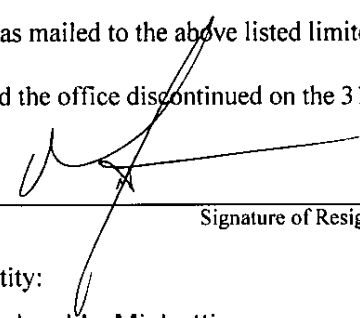
Name of Limited Liability Company

L16000015238

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.

X 
Signature of Resigning Agent

If signing on behalf of an entity:

Michael L. Michetti
Typed or Printed Name

Partner
Capacity

FILED
16 DEC 20 PM 2:27
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