

L16000017511

(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



300294502093

01/23/17--01037--021 **85.00

FILED
17 JAN 23 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB 1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAZY TRAIL RACNCH, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000017511

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:

JAMES C TIPTON JR

Name of Person

Name of Firm/Company

7615 N LAZY TRAIL

Address

CRYSTAL RIVER, FL 34428

City/State and Zip Code

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

For further information concerning this matter, please call:

JAMES TIPTON

Name of Person

at (352) 563-5515

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
17 JAN 23 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

KEVIN J SPIDDLE

, hereby resigns as

Name of Registered Agent

Registered Agent for **LAZY TRAIL RANCH, LLC**

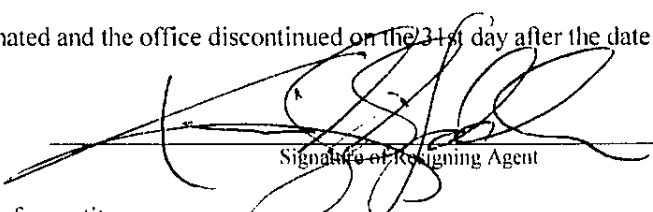
Name of Limited Liability Company

L16000017511

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 23rd 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

FILED
17 JAN 23 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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