

5/5/2016

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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H160001124843ABC.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MCLIN & BURNSED P.A.  
Account Number : 104657003604  
Phone : (352)753-4690  
Fax Number : (352)751-4993

2016 MAY -5 PM 1:31  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: megm@mclimburnsed.com

LLC REGISTERED AGENT RESIGNATION  
STEPHENS PROPERTIES OF FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

K. SALY  
EXAMINER  
MAY -6

2016 MAY -5 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

((H16000112484 3)))

**SUBJECT:** Stephens Properties of Florida LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000035406

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:

Juanita C. Stephens

Name of Person

Stephens Properties of Florida LLC

Name of Firm/Company

2972 Bonifay Path

Address

The Villages, FL 32163

City/State and Zip Code

juanita.c.stephens@ampf.com

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

For further information concerning this matter, please call:

\_\_\_\_ 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

INHS17 (2/14)

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

Brian D. Hudson

, hereby resigns as

Name of Registered Agent

Registered Agent for Stephens Properties of Florida LLC

Name of Limited Liability Company

L16000035406

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

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