

**L16000069365**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

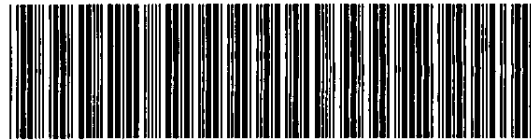
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS

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JUL 13 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARBOR LIFE LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000069365

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:

STACY ROTH/GLEN CARISTINOS

Name of Person

HARBOR LIFE LLC

Name of Firm/Company

303 MAIN STREET, P.O. BOX 1395

Address

SAFETY HARBOR, FL 34695

City/State and Zip Code

info@MyHarborLife.com

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

For further information concerning this matter, please call:

STACY ROTH

Name of Person

at (

727

) 215-6015

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**KIM WARD**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **HARBOR LIFE, LLC**

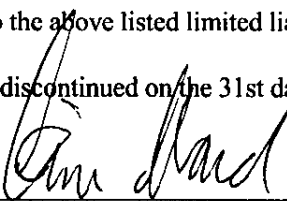
\_\_\_\_\_  
Name of Limited Liability Company

**L16000069365**

\_\_\_\_\_  
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

**FILED**  
**17 JUL 12 PM 2:16**  
DIVISION OF CORPORATIONS

## **FILING FEES:**

**\$ 85.00** Active limited liability company  
**\$ 25.00** Administratively dissolved/ voluntarily dissolved/  
**110.00** 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**