

L160000080290

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

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LLC REGISTERED AGENT RESIGNATION
GATORVILLE RANCH, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATORVILLE RANCH, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000080290

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:

Dennis G. Corrick, Esq.

Name of Person

Dean, Mead, Minton & Zwemer

Name of Firm/Company

1903 S. 25th Street, Suite 200

Address

Fort Pierce, FL 34947

City/State and Zip Code

LBriglia@deanmead.com

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

For further information concerning this matter, please call:

Lindy Briglia

Name of Person

at (772) 464-7700

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Dean Mead Services, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Gatorville Ranch, LLC

Name of Limited Liability Company

L16000080290

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:

Dennis G. Corrick

Typed or Printed Name

Vice-President

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

INHS17 (2/14)

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