## L16000103426

| (Requestor's Name)                      |                |             |  |
|---|----------------|-------------|--|
| (Address)                               |                |             |  |
| (Address)                               |                |             |  |
| (City/State/Zip/Phone #)                |                |             |  |
| PICK-UP                                 | WAIT           | MAIL        |  |
| (Business Entity Name)                  |                |             |  |
| (Document Number)                       |                |             |  |
| Certified Copies                        | _ Certificates | s of Status |  |
| Special Instructions to Filing Officer: |                |             |  |
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## **DEBOEST STOCKMAN**

Attorneys at Law

DeBoest, Stockman, Decker, Hagan, Cheffer & Webb-Martin, P.A.

M. Brian Cheffer James G. Decker, Retired Samuel J. Hagan, IV William E. Stockman Jayne Webb-Martin Richard D. DeBoest, Sr., Deceased 1415 Hendry Street Fort Myers, FL 33901 P.O. Box 1470 Fort Myers, FL 33902 Telephone: 239-334-1381 Facsimile: 239-334-0266

June 6, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: 251CE, LLC, LLC

Dear Sir or Madam:

Enclosed please find the following regarding the above matter:

- 1. An original Resignation of Registered Agent;
- 2. An original Amendment to LLC; and
- 3. Our check in the amount of \$145.00 representing the fees required for the above.

After filing, please return the Certificate of Status and Certified Copy to the e-mail address you have on file (jeff@airstationav.com). Thank you.

Please call 239-334-1381 ext 335 if you have any questions and/or comments.

Very truly yours,

Samuel J. Hagan, IV (electronically signed to expedite)
Samuel H. Hagan, IV
For the Firm

SJH:lkg

**Enclosures** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |
|--|--|--|
| SUBJECT: 251CE, LLC  |  |  |
| Name of Philip   | ed Liability Company   |  |
| DOCUMENT NUMBER: L16000103426  | A  |  |
| The enclosed Resignation of Registered Agent fo for filing.  | r a Limited Liability Company and fee are submitted  |  |
| Please return all correspondence concerning this   | matter to the following:   |  |
| Norman Hinton  |  |  |
| Name of Person   |  |  |
|  |  |  |
| Name of Firm/Company   |  |  |
| 12510 Metro Parkway  |  |  |
| Address  | <del></del>  |  |
| Fort Myers, Florida 33912  |  |  |
| City/State and Zip Code  |  |  |
| jeff@airstationav.com  |  |  |
| E-mail address: (to be used for future annual report no  | otification)   |  |
| For further information concerning this matter, pl   | ease call:   |  |
| Norman Hinton  | 239 425-3595   |  |
| Name of Person   | Area Code Daytime Telephone Number   |  |
| Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.  | Department of State for \$85.00 for an active limited by dissolved, voluntarily dissolved or withdrawn limited |  |
| MAILING ADDRESS:   | STREET ADDRESS:  |  |
| Registration Section   | Registration Section   |  |
| Division of Corporations   | Division of Corporations   |  |
| P.O. Box 6327 Tallahassee; FL 32314  | Clifton Building 2661 Executive Center Circle  |  |
| Tarianassee, FL 52514  | Tallahassee, FL 32301  |  |
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| egggeneration store)   |  |  |

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

| Pursuant to the provisions of section 605.0115, Florida Statutes, | the undersigned,                             |
|---|--|
| Jeffrey Hinton  | , hereby resigns as                          |
| Name of Registered Agent  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           |
| Registered Agent for 251CE, LLC                                   |  |
| Name of Limited Liability Company                                 | · · · · · · · · · · · · · · · · · · ·        |
| L16000103426  |  |
| 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  | <u>¥</u> × <b>6</b>                          |
| If signing on behalf of an entity:                                | 200 1 miles                                  |
| Jeffrey Hinton  | 7 P  |
| Typed or Printed Name   | FEO SI                                       |
| Capacity  |  |

withdrawn limited liability company

FILING FEES:
\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/

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