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2022 MAR 28 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oak Tree Trasures, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000146091

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:

Michael A Eurich

Name of Person

Big Bend Hospice, Inc.

Name of Firm/Company

1723 Mahan Center Boulevard

Address

Tallahassee Florida 32308

City/State and Zip Code

maeurich@bigbendhospice.org

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

For further information concerning this matter, please call:

Michael A Eurich

at (850) 408-0791

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2022 MAR 28 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Michael A Eurich

Name of Registered Agent

, hereby resigns as

Registered Agent for Oak Tree Treasures, LLC

Name of Limited Liability Company

L16000146091

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withdrawn limited liability company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