## L170000006875

(Requestor's Name)			
(Address)			
(,			
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(City/State/Zip/Phone #)			
· PICK-UP WAIT MAIL			
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J. LEGGET DEC 28 20.

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: KELLER SANDS POINT, LLC				
Name of Limited Liability Company				
DOCUMENT NUMBER: L17000006875				
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted			
Please return all correspondence concerning this m	atter to the following:			
Nelson Ying, Ttee				
Name of Person				
c/o Marco Polo Columbus & Ferrari				
Name of Firm/Company				
P.O. Box 22887				
Address				
Lake Buena Vista FL 32830				
City/State and Zip Code				
Jane@chinagroupinc.com				
E-mail address: (to be used for future annual report not	fication)			
For further information concerning this matter, plea	ase call:			
Nelson Ying, Trustee 4	07 876-1793 rea Code Daytime Telephone Number			
Name of Person A	rea Code <sup>7</sup> Daytime Telephone Number			
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited			
MAILING ADDRESS: Registration Section	STREET ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the provis	ions of section 605.0115, Florid	a Statutes, the undersigned.			
Claudia M. Kiernan		hereby	hereby resigns as		
Name of Registered Agent			Nordby resigns as		
Registered Agent for	KELLER SANDS POINT	, LLC			
	Name of Limited Liabi	lity Company	<u> </u>		
L17000006875					
Document	Number, if known				
A copy of this resigna	tion was mailed to the above list	ted limited liability compan	v at its last known address.		
The agency is termina	ited and the office discontinued of the discon	Li Keein	e on which this statement is filed		
If signing on behalf of an entity:		<b>17</b>			
			). ): 08		
	Typed or Pr	inted Name	FILED DEC 27 PM		
	Сарасі	iy	PM P: 27		
	FILING FEES: \$ 85.00 Active \$ 25.00 Admir withd	e limited liability company histratively dissolved/ volu rawn limited liability comp	ntarily dissolved/ Dany		

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