

L17000059211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

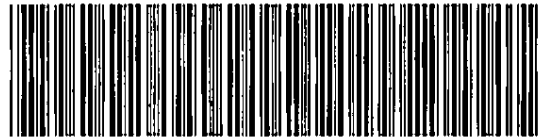
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1805 GREENLEAF LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000059211

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:

K. WADE BOYETTE, ESQ.
Name of Person

BOYETTE, CUMMINS & NAILOS, PLLC
Name of Firm/Company

1635 E. HIGHWAY 50, SUITE 300
Address

CLERMONT, FL 34711
City/State and Zip Code

ptfudge91@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K. WADE BOYETTE, JR. at (352) 394-2103
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

22 OCT 12 AM 7:51
OFFICE OF THE CLERK
STATE OF FLORIDA
DIVISION OF CORPORATIONS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

JAMES E. FUDGE

, hereby resigns as

Name of Registered Agent

Registered Agent for 1805 GREENLEAF LLC

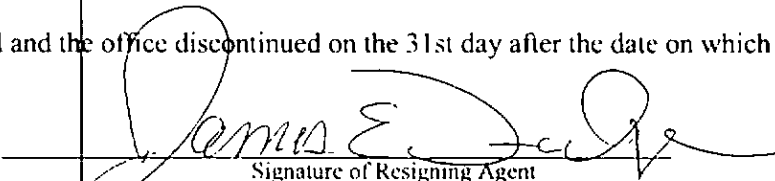
Name of Limited Liability Company

L17000059211

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:

James E. Fudge

Typed or Printed Name

mgr

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS