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COVER LETTER

	Division of Corporations	
SUBJ	BJECT: Callaway Key, LLC a Florida limited liability company Name of Limited Liability Company	
DOC	CUMENT NUMBER: L17000119760	
The e for fil	enclosed Resignation of Registered Agent for a Limited Liability (filing.	Company and fee are submitted
Please	ase return all correspondence concerning this matter to the followin	g:
Nicho	holas J. Youtz, Esq.	
	Name of Person	
Denis	nise Hallmon Rowan & Associates, PA	
	Name of Firm/Company	
1022	22 West 23rd Street, Suitr 600	
	Address	
Pana	nama City, Florida 32405	
	City/State and Zip Code	
nyou	outz@dhrlegal.com	
E	E-mail address: (to be used for future annual report notification)	
For fu	further information concerning this matter, please call:	
Nicho	holas J. Youtz Name of Person Name of Person Name of Person Name of Person Area Code Daytime 1	,
	Name of Person Area Code Daytime	elephone Number
maom	losed is a check made payable to the Florida Department of State for ility company or \$25.00 for an administratively dissolved, voluntariality company.	or \$85.00 for an active limited ly dissolved or withdrawn limite

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

• . •

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,		
Lisa Felix	hambuma	
Name of Registered Agent	, hereby resigns as	
Registered Agent for Callaway Key, LLC a Florida limited	l liability company	
Name of Limited Liability Company		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited l	liability company at its last known address.	
The agency is terminated and the office discontinued on the 31st of	day after the date on which this statement is filed.	
If signing on behalf of an entity:	FAgent SS 9	
Typed or Printed Name	R 20	
Capacity	RECORD	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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