

L18000010873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

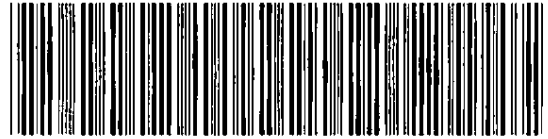
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Wmills

Office Use Only



300436200503

09/12/24--01006--018 \*\*110.00

2024 SEP 12 PM 12:21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA FIRST CLASS VILLAS LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 1.18000010873

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:

SONJA BOS

\_\_\_\_\_  
Name of Person

FLORIDA FIRST CLASS VILLAS LLC

\_\_\_\_\_  
Name of Firm/Company

615 Cape Coral Pkwy W Suite 207

\_\_\_\_\_  
Address

Cape Coral, FL 33914

\_\_\_\_\_  
City/State and Zip Code

boss@floridafirstclassvillas.com

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

For further information concerning this matter, please call:

Sonja

at ( 239 ) 2577964

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

JANEEN KAWA

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for FLORIDA FIRST CLASS VILLAS LLC

\_\_\_\_\_  
Name of Limited Liability Company

L18000010873

\_\_\_\_\_  
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:

Sonja Bos

\_\_\_\_\_  
Typed or Printed Name

Owner

\_\_\_\_\_  
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

2021 SEP 12 PM 12:21

SEP 12 2021