

L18000 178031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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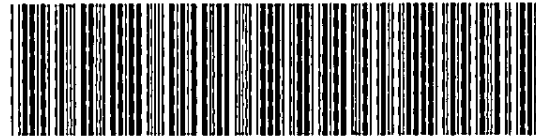
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLMAN

SEP 23 2020

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R/P Resign



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2020

RESIGNATION DEPARTMENT
CORPORATION SERVICE COMPANY
80 STATE STREET
ALBANY, NY 12207

SUBJECT: SELLER'S BAY, LLC
Ref. Number: L18000178031

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FEE TO FILE THE RESIGNATION OF A REGISTERED AGENT FOR AN ACTIVE LIMITED LIABILITY COMPANY IS \$85.00. THERE IS A BALANCE OF \$60.00 STILL DUE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 120A00014895

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SELLER'S BAY, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000178031

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:

RESIGNATION DEPARTMENT

Name of Person

CORPORATION SERVICE COMANY

Name of Firm/Company

80 STATE STREET

Address

ALBANY NY 12207

City/State and Zip Code

RESIGN@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT

at (518) 433/7018

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for SELLER'S BAY, LLC

Name of Limited Liability Company

L18000178031

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:

BY ROBIN MOLT

Typed or Printed Name

ASST SECRETARY

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

2020 SEP 17 PM 2:53