

L20000360329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

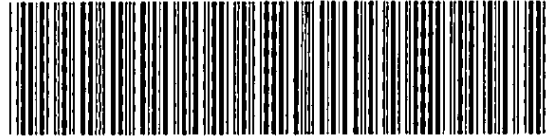
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100422175461

01/23/24--01017--007 \*\*25.00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 195 FAIRWAY DR ORMOND BEACH LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000360329

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:

Gretchen McMinn

Name of Person

Name of Firm/Company

261 Bermuda Beach Dr

Address

Ft Pierce, FL 34949

City/State and Zip Code

kaymac123@comcast.net

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

For further information concerning this matter, please call:

Gretchen McMinn

Name of Person

at (

772

Area Code

216-2616

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

John M McMinn

, hereby resigns as

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

Registered Agent for 195 FAIRWAY DR ORMOND BEACH LLC

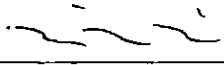
\_\_\_\_\_  
Name of Limited Liability Company

1.20000360329

\_\_\_\_\_  
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:

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

\_\_\_\_\_  
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**