

L20000380813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

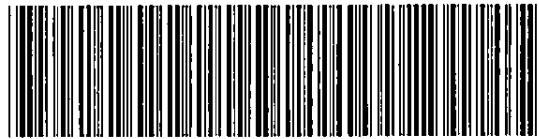
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2023 MAR 13 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FL

Ra Resignation

MAY 25 2023

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** St Johns REI LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L20000380813

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Robert K Patterson  
(Name of Person)

St Johns REI LL  
(Name of Firm/Company)

1744 Colonial Shores Drive  
(Address)

Hixson Tennessee 37343  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Patterson at 407 4969427  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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2023 MAR 13 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE FL

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

LegalCorp Solutions, LLC \_\_\_\_\_, hereby resigns as

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

Registered Agent for ST JOHNS REI LLC

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

L20000380813

\_\_\_\_\_  
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:

Travis Crabtree

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

Member

\_\_\_\_\_  
Capacity

**FILED**  
2023 MAR 13 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

## 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