

L21000428232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

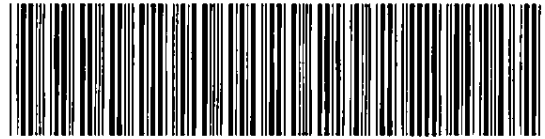
(Business Entity Name)

(Document Number)

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09/29/23--01020--004 \*\*25.00

11/07/23--01055--001 \*\*50.00

FILED  
2023 NOV 07 10 21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2023

DAVID RUSSELL  
213 SILVER BEACH AVE  
DAYTONA BECH, FL 32118

SUBJECT: HOLLY HILL RV RESORT LLC  
Ref. Number: L21000428232

We have received your document for HOLLY HILL RV RESORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

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) 245-6052.

Octavia L Simmons  
Supervisor

Letter Number: 423A00024015

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOLLY HILL RV RESORT LLC

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

**DOCUMENT NUMBER:** L21000428232

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:

DAVID B. RUSSELL

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

PAPPAS & RUSSELL PA

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

213 SILVER BEACH AVENUE

\_\_\_\_\_  
Address

DAYTONA BEACH, FL 32118

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

drussell@pappasrussell.com

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

For further information concerning this matter, please call:

DAVID B. RUSSELL

at ( 386 ) 254-2941

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RAINER MARTENS

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

, hereby resigns as

Registered Agent for HOLLY HILL RV RESORT LLC

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

L21000428232

\_\_\_\_\_  
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.

*Rainer Martens*

\_\_\_\_\_  
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