

C21 000 429 220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

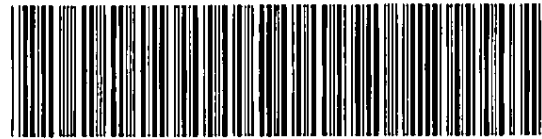
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2023 DEC 20 AM 11:32

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2023 DEC 20 PM 12:32

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*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2023

CSC  
ALEXXIS WEILAND-SORENSEN

SUBJECT: ROSE GARDEN FT. MYERS LLC  
Ref. Number: L21000429220

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for ROSE GARDEN FT. MYERS LLC and the authorization to debit your account in the amount of \$85.00. However, the document has not been filed and is being returned for the following:

The document must have the signature of the resigning agent.

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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 923A00029059

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2023 DEC 28 AM 11:13  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 191460 8323810

AUTHORIZATION :

COST LIMIT :

*[Signature]*  
\$ 87.50

ORDER DATE : December 12, 2023

ORDER TIME : 9:52 AM

ORDER NO. : 191460-020

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: ROSE GARDEN FT. MYERS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

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2023 DEC 20 AM 11:33  
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,

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for Rose Garden Ft. Myers LLC

Name of Limited Liability Company

L21000429220

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.

*Alexxis Weiland-Sorenson, ACP*

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND-SORENSEN

Typed or Printed Name

ASSISTANT VICE PRESIDENT

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

FILED  
2023 DEC 20 AM 11:33  
TALLAHASSEE, FL