## L220000002381

(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:		

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

Cottage Community I, LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Necley	
Stall	Art of Inc. File
•	LID Partnership File
	L.C. File
	Fictitions Name File
	Trade/Service Mark Trade/Service
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
14	Officer Search
	Ficutious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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

Pursuant to the prov	visions of section 605.0115, Florida Statutes, the underst	igned.	
YOUR CAPITAL C	ONNECTION, INC.	hereby resigns as	
Name of Registered Agent		rreby resigns as	
Registered Agent fo	OTTAGE COMMUNITY I, LLC		
	Name of Limited Liability Company	·	
1.22000002381			
Docume	nt Number, if known		
	nation was mailed to the above listed limited liability contact and the office discontinued on the 31st day after t	, ,	
	Signature of Resigning Agent	<u> </u>	
If signing on behalf	of an entity:		
	SETH NEELEY	AH 98 55	
	Typed or Printed Name AUTHORIZED REP		
	Capacity		

\$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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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