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COVER LETTER

TARPON WOODS PROPERTIES, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L22000060812 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: BRYAN J. STANLEY Name of Person Name of Firm/Company 209 TURNER STREET Address CLEARWATER, FL 33756 City/State and Zip Code BRYAN@BRYANJSTANLEY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BRYAN J. STANLEY Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 Statu	ites, the undersigned,
MICHAEL RAY VANDIVER	, hereby resigns as
Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for TARPON WOODS PROPERTIES, LLC	·
Name of Limited Liability Con	mpany
1.22000060812	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	nited liability company at its last known address.
The agency is terminated and the office discontinued on the	
If signing on behalf of an entity: Michael Pray Typed or Printed N Capacity	Jandi VI (

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	tions of section 605.0115, Florida Statutes, the undersigned,
MICHAEL RAY VAN	NDIVER , hereby resigns as
-	Name of Registered Agent
Registered Agent for	TARPON WOODS PROPERTIES, LLC
	Name of Limited Liability Company
L22000060812	
Document	Number, if known
	ation was mailed to the above listed limited liability company at its last known address. ated and the office discontinued on the 31st day after the date on which this statement is filed.
The agency is termin	Signature of Resigning Agent
If signing on behalf of	f an entity:
	Michael Play Vandille Typed or Printed Name
	Capacity

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314