

L22 000 349 680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

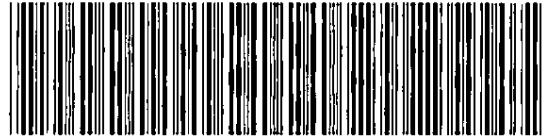
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800429060678

05/07/04--01007--007 *\$85.00

2004-07-07 14:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acton Academy of 30A LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000349680

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:

Christopher Moore

Name of Person

Acton Academy of 30A LLC

Name of Firm/Company

122 Rosecourt Street

Address

Inlet Beach, FL 32461

City/State and Zip Code

actonacademyof30a@gmail.com

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

For further information concerning this matter, please call:

Christopher Moore

Name of Person

at (860) 983-6091

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Sheila A. Herbermann-Heller, hereby resigns as

Name of Registered Agent

Registered Agent for Acton Academy of 30A LLC

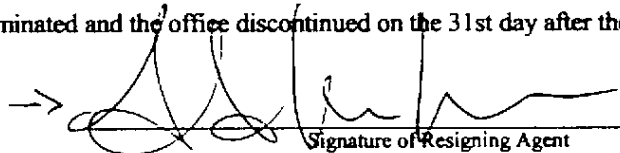
Name of Limited Liability Company

L22000349680

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:

→ _____
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