

L23000287191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

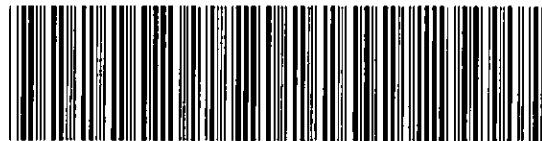
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COCONUT POINT PROFESSIONAL SUITES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000287191

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:

Bradley W. Butcher  
Name of Person

Butcher & Associates, PL  
Name of Firm/Company

6830 Porto Fino Circle, Suite 2  
Address

Fort Myers, FL 33912  
City/State and Zip Code

bwb@b-a-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley W. Butcher at ( 239 ) 322-1651  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 1810  
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Tyler Mattingly \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for COCONUT POINT PROFESSIONAL SUITES LLC

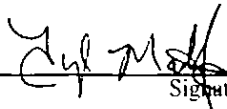
\_\_\_\_\_  
Name of Limited Liability Company

L23000287191

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:

Tyler Mattingly

\_\_\_\_\_  
Typed or Printed Name

Registered Agent

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

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