

L9700000/254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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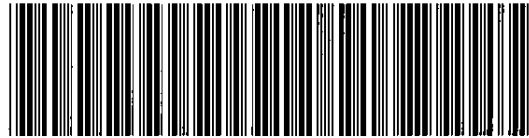
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Tewis  
11-23-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sea Oaks Investment GP LC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L97000001254

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:

Margaret Tripp  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

1235 Winding Oaks Circle  
Address

Vero Beach FL 32963  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at ( 472 ) 231-9828  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Jacques Brion, hereby resigns as  
Name of Registered Agent

Registered Agent for Sea Oaks Investment GP, LC.  
Name of Limited Partnership or Limited Liability Limited Partnership

L97 000001254  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

[Signature]  
Signature of Registered Agent

If signing on behalf of an entity:

Jacques Brion  
Typed or Printed Name  
Agent  
Capacity

**FILED**  
2010 NOV 16 A 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$87.50**  
**Certified Copy (optional): \$52.50**

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