

MO1000001521

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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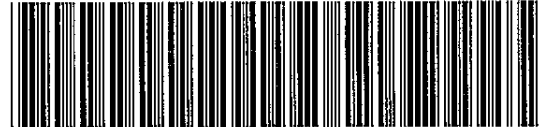
(Business Entity Name)

(Document Number)

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Resignation of
RA

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05 JAN 27 PM 4:19
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PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 01-27-05

NAME: SIESTA PARTNERS, LLC

TYPE OF FILING: RESIGNATION OF RA

COST: \$85

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 28, 2005

Florida Filing & Search Services, Inc.
P.O. Box 10662
Tallahassee, FL 32302

SUBJECT: SIESTA PARTNERS, L.L.C.
Ref. Number: M01000001521

We have received your document for SIESTA PARTNERS, L.L.C. and the authorization to debit your account in the amount of \$85.00. However, the document has not been filed and is being returned for the following:

The document must have original signatures.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 105A00006213

OK to Resubmit

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TALLAHASSEE, FLORIDA

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05 JAN 27 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

B+C Corporate Services of Central FL, Inc., hereby resigns as
(Name of Registered Agent)

Registered Agent for Siesta Partners, L.L.C.

(Name of Limited Liability Company)

1001000001521
(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.

B+C Corporate Services of Central FL, Inc.

[Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

Randal M. Alligood
(Typed or Printed Name)

Vice President
(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