M010000002916

| (Re | equestor's Name) | · · · · · · · · · · · · · · · · · · · |
|-------------------------|--------------------|---------------------------------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| | | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Ви | isiness Entity Nan | ne) |
| (Do | ocument Number) | 100.70 |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | : |
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| | | |
| | | |

Office Use Only



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C. LEVIS
Aug 15 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2014

DEBORAH L. KRINER 1061 E INDIANTOWN RD SUITE 500 JUPITER, FL 33477 US

SUBJECT: BANYAN ESTATE HOMES LIMITED LLC

Ref. Number: M01000002916

We have received your document for BANYAN ESTATE HOMES LIMITED LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 014A00016000

COVER LETTER

| SUBJECT: Banyan Estate Homes Limited LLC Name of Limited Liability | Company |
|--|---|
| DOCUMENT NUMBER: M01000002916 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | d Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to t | he following: |
| Deborah L Kriner | |
| Name of Person | - |
| Name of Firm/Company | - |
| 1061 E Indiantown Road, Suite 500 | |
| Address | - |
| Jupiter, FL 33477 | |
| City/State and Zip Code | - |
| dkriner@idealteam.com | |
| E-mail address: (to be used for future annual report notification) | - |
| For further information concerning this matter, please call: | |
| Deborah L Kriner 561 | Daytime Telephone Number |
| Name of Person Area Code | Daytime Telephone Number |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions | of section 605.0115 | , Florida Statutes, the undersigned, | | | |
|---|----------------------------------|---|-------------------|--------------|---|
| Deborah L Kriner | | , hereby resigns as | herehy resions as | | |
| Name of Registered Agent | | | | | |
| Registered Agent for | | | | | _ |
| | Banyan Estate | Homes Limited LLC | | | |
| | Name of Limit | ted Liability Company | | | _7 |
| M01000 | 002916 | | | | |
| Document Num | | | | | |
| A copy of this resignation | was mailed to the al | pove listed limited liability company at its last k | cnown a | ddress | |
| The agency is terminated - If signing on behalf of an | | Signature of Resigning Agent | his state | ement i | is filed. |
| - | Ту | ped or Printed Name | | | |
| - | | Capacity | | | |
| | FILING) \$ 85.00 \$ 25.00 | FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company | olved/ | 14 AUG -6 PM | 10 40 48 VI 280 48 0 40 48 VI 280 48 |

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