

M02000003088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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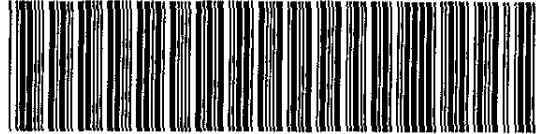
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sheridan Home, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M02000003088

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:

Joan M. Coleman
(Name of Person)

Capitol Corporate Services, Inc.
(Name of Firm/Company)

P.O. Box 1831
(Address)

Austin, TX 78767
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan M. Coleman at (800) 345-4647
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



May 9, 2005

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

Re: Sheridan Home, LLC
Document # M02000003088

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check # 8597 in the amount of \$87.50 for the filing fee. Once filed, please return the filed-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Joan M. Coleman

Enclosures

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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,

CAPITOL CORPORATE SERVICES, INC.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Sheridan Home, LLC

(Name of Limited Liability Company)

M02000003088

(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.

Cheryl Roberts

(Signature of Resigning Agent)

If signing on behalf of an entity:

Cheryl Roberts

(Typed or Printed Name)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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