

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY
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Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
HAMMOCK BEACH III, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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2019 OCT 29 PM 2:46

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TALLAHASSEE, FLORIDA

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OCT 30 2018
T. LEMIEUX

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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,

Virginia Tee, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for HAMMOCK BEACH III, LLC


Name of Limited Liability Company

M03000002573

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:

Typed or Printed Name

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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

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