

M04000000511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

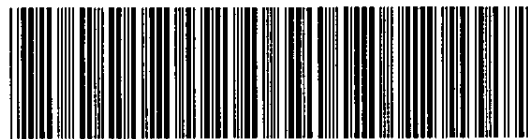
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CYPRESS GARDENS ADVENTURE PARK, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M04000000511

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:

Monique Jackson
Name of Person

Boyd, DuRant & Sliger, P.L.
Name of Firm/Company

1407 Piedmont Drive East
Address

Tallahassee, Florida 32308
City/State and Zip Code

monique@boydlaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Jackson at (850) 386-2171 x100
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2012

JOSEPH R. BOYD
BOYD, DURANT & SLIGER PL
1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308

SUBJECT: CYPRESS GARDENS ADVENTURE PARK, LLC
Ref. Number: M04000000511

We have received your document for CYPRESS GARDENS ADVENTURE PARK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 012A00022365

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,

Joseph R Boyd

Name of Registered Agent

, hereby resigns as

Registered Agent for Cypress Gardens Adventure Park, LLC

Name of Limited Liability Company

M04000000511

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:

JOSEPH R. BOYD

Typed or Printed Name

REGISTERED AGENT

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

12 SEP 17 PM 3:55

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