M04000000095

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000182626750

06/28/10--01020--009 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION:

T. HAMPTON
JUN 2 9 2010
EXAMINER

COVER LETTER

SUBJECT: SEBASTIANS LANDING INVESTORS, LLC Name of Limited Liability Company
Name of Emitted Elability Company
DOCUMENT NUMBER: M0400002095
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:
ANDREA DE ANDA
Name of Person
PARACORP INCORPORATED
Name of Firm/Company
PO BOX 160568
Address
SACRAMENTO, CA 95816
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREA DE ANDA at (800) 533-7272 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
PARA	ACORP INCORPORATED , hereby resigns as
	Name of Registered Agent
Registered Agent for _	SEBASTIANS LANDING INVESTORS, LLC
	Name of Limited Liability Company
M0400	00002095
Document N	umber, if known
A copy of this resignati	on was mailed to the above listed limited liability company at its last known address.
The agency is terminate	ed 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 a	an entity:
	NINH HO
	Typed or Printed Name
	ASST. SECRETARY, Paracorp Incorporated
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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