Division of Corporations Electronic Filing Cover Sheet

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(((H14000074816 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number: 120050000052

: (850)656-7956

Fax Number

: (850)656-7953

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT RESIGNATION MORGAN RV PARK MANAGEMENT, LLC

Certificate of Status	0
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C. LEWIS

MAR 3 1 2014

EXAMINER

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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/28/2014

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MORGAN RV PARK MANAGEMENT, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: M04000005295
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:
PHYLLIS BROWN
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S DUPONT HWY
(Address)
DOVER, DELAWARE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
PHYLLIS BROWN at (302) 531-0855
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17(11/02)

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416((2) or 608.509, Florida S	tatutes, the undersigned,	
INCORPORATIN	IG SERVICES, LTD) .	, hereby resigns as	
	(Name of Registered Age	•	_ , , ,	
Registered Agent for	MORGAN RV PARK MANAGEMENT, LLC			
	(Name of Lin	nited Liability Company)		
M04000005295				
(Document N	umber, if known)			
A copy of this resigna	tion was mailed to the a	above listed limited liabil	ity company at its last known a	address.
The agency is terminal of the agency is terminal of the agency is terminal of the agency is the agency is terminal of the agency is a superior agency is the agency is the agency is the agency is a superior agency is a super	_ Chul	entinued on the 31st day a	after the date on which this stat	æment is filed.
• •	AMY M. BALKE			h .
	ASSISTANT SE	Typed or Printed Name) ECRETARY		CHANGE CH
	FILING \$ 85.00 \$ 25.00	Active limited liability	olved/voluntarily dissolved/	FILED 128 AMID: 07 ASSEE FLORIDA

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