

MOS 0000002511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

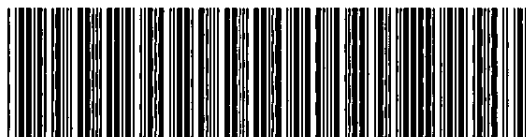
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 25 AM 11:19

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04/25/08--01022--018 **30.00

T. CLINE

APR 28 2008

EXAMINER

MOS-2511

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Destin-Naples Holdings, L.L.C.
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly G. Helmstetter / Corporate Paralegal
(Name of Person)

Kevin M. Helmich, P.A.
(Firm/Company)

Post Office Box 5499
(Address)

Destin, Florida 32540-5499
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly G. Helmstetter at (850) 650.4747
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Destin-Naples Holdings, L.L.C.

(Name of limited liability company)

Georgia

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

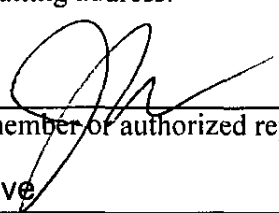
Post Office Box 33877

(Mailing address)

Blue Ridge, Georgia 30513

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

John F. Soave

(Typed or printed name of signee)

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2008 APR 25 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00