# M05000003376

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone #	<del>‡</del> )		
PICK-UP	☐ WAIT	MAIL		
· (Bu	isiness Entity Name	9)		
∽				
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to	Filing Officer:			
مبر		. ,		
		,		

Office Use Only



300108465063

08/27/07--01003--031 \*\*85.00

07 AUG 27 PM 1:21
SECRETARY OF STATE

By.s.

## **COVER LETTER**

SUBJECT: Watermark Marina of Sfiake Creek, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: M05000003376
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:
Bruce B. Hubbard
(Name of Person)
Hubco
(Name of Firm/Company)
77 East John Street
(Address)
Hicksville, NY 11801
(City/State and Zip Code)
For further information concerning this matter, please call:
Laurie Montefusco at (516) 813-1186  (Name of Person) (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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 provis	sions of section 608.416(2) or 608.509, Florid	la Statutes, the undersigned,			
CorpDirect Ag	ents, Inc.	, hereby resigns as	<u>~</u> ~~	0	
	(Name of Registered Agent)	, norooy rosigns us	<u> </u>	$\geq$	
Registered Agent for	Watermark Marina of Snake	Creek, LLC	三十二	AUG 2	
-	•		RY YSE	<b>-</b>	AA.
	(Name of Limited Liability Company	)	of S	=======================================	
M0 <u>5</u> 00000337	5		PRIE PRIE	2	
· (Document Nu	imber, if known)	<b>\</b>	* %		
A copy of this resigna	ation was mailed to the above listed limited li	ability company at its last kne	own addi	ess.	•
The agency is terminate	ated and the office discontinued on the 31st d		s stateme	ent is fi	led.
If signing on behalf o	f an entity:				
	Ricky Soto (Typed or Printed Name)	<del></del>			
	Assistant Secretary (Capacity)	<del></del>			

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