

M05000003886

(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



100210829031

08/11/11--01020--015 \*\*85.00

FILED  
2011 AUG 11 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 12 2011



111 Eighth Avenue  
New York, NY 10011

212 894 8940 tel  
212 590 9180 fax  
www.ctlegalsolutions.com

August 2, 2011

RE: EAGLE BAY, LLC (OH. DOM.)

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$85.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri (hm)*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA/hm  
Enclosure

FILED  
2011 AUG 11 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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,

C T CORPORATION SYSTEM

(Name of Registered Agent)

, hereby resigns as

Registered Agent for EAGLE BAY, LLC (OH. DOM.)

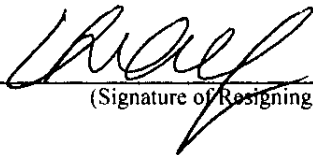
(Name of Limited Liability Company)

M05000003886

(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:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

FILED  
2011 AUG 11 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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withdrawn limited liability company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