# M0500004152

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



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SECRETARY OF STATE



## Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 Phone 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE:

12/2/2009 FLORIDA

**REP UNIT:** 

WYATT DEVELOPMENT, L.L.C.

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 18381 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

#### **COVER LETTER**

SUBJECT: WYATT DEVELOPMENT, L.L.C
(Name of Limited Liability Company)
DOCUMENT NUMBER: M05000004152
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:
Rhonda Maybin (Name of Person)
Capitol Corporate Services, Inc. (Name of Firm/Company)
800 Brazos, Suite 400 (Address)
Austin, Texas 78701 (City/State and Zip Code)
For further information concerning this matter, please call:
Rhonda Maybin at ( 800 ) 345-4647 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of so	ection 608.416(2) or 608.509, Florida Statutes, the undersig	ned,
Capitol Cor	rporate Services, Inc. , hereby resigns	as
	of Registered Agent)	
Registered Agent for	WYATT DEVELOPMENT, L.L.C.	
	(Name of Limited Liability Company)	,
M05000004152 (Document Number, if kno	own)	
A copy of this resignation was	mailed to the above listed limited liability company at its la	st known address.
The agency is terminated and the	he office discontinued on the 31st day after the date on which	ch this statement is filed.
	Ohly Ording (Signature of Resigning Agent)	_
If signing on behalf of an entity	<i>r</i> :	DIVIS <b>09</b>
	Cheryl Roberts	SECRE Vision 09 DEC
	(Typed or Printed Name)	
	President	TARY OF C
	(Capacity)	ED ORPORV PM 12:
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		: 25
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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