## M05000004703

(Requestor's Name)
(Address)
(12.23)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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J. SAULSBERRY EXAMINER

JAN 6 2011

## **COVER LETTER**

Amendment Section Division of Corporations

**MAILING ADDRESS:** Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: FLORIDA MOTORCYCLE LAND, LLC Name of Limited Liability Company	
DOCUMENT NUMBER: M0500004703	
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	d fee are submitted
Please return all correspondence concerning this matter to the following:	
Rhonda Maybin	
Name of Person	
Capitol Services Registered Agent Department Name of Firm/Company	<b>2</b> 0
800 Brazos, Suite 400	2011 JAN -3
Austin, Texas 78701	and a second
City/State and Zip Code	SP P F
rmaybin@capitolservices.com  E-mail address: (to be used for future annual report notification)	52
For further information concerning this matter, please call:	
Rhonda Maybin at (800) 345-4647 Name of Person Area Code & Daytime Telephone N	umber

Amendment Section

STREET ADDRESS:

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

Return Acknowledgment to:



## 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,			
Capitol Corporate Services, Inc. , hereby resigns as			
Name of Registered Agent			
Registered Agent for			
FLORIDA MOTORCYCLE LAND, LLC		_,	
Name of Limited Liability Company		_	
M05000004703			
Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability company at its last known	wn address.	ı	
The agency is terminated and the office discontinued on the 31st day after the date on which this	statement i	s <b>all</b> ed.	
Chlund Office Signature of Resigning Agent	AUTINA AUTINA	I JAN -3	A Comment
If signing on behalf of an entity:		PH	1
Cheryl Roberts		PH 4: 52	
Typed or Printed Name  President	impulie, p daraga Alima	N	
Capacity			

### 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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