M0700003689

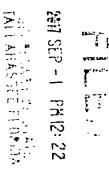
(Requestor's Name)
(Address)
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(Document Number)
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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SANDHILL PROPERTY MANAGEMENT LLC

SUBJECT:	SANDHILL PROPERTY	
	Name of Limited Liab	bility Company
DOCUMENT NUMBER	t:M07000003	3689
The enclosed Resignation for filing.	of Registered Agent for a Lin	mited Liability Company and fee are submitted
Please return all correspon	ndence concerning this matter	to the following:
Kait	tie Sperry	
Nar	ne of Person	
Corpor	rate Direct, Inc.	
Name o	f Firm/Company	
2248 Me	eridian Blvd, Ste H	
	Address	
Minde	n, NV 89423	
City/Sta	nte and Zip Code	
•	poratedirect.com	
E-mail address: (to be use	ed for future annual report notificati	on)
For further information co	oncerning this matter, please o	call:
Kaitie Spe	at (782-2201
Name of P	erson 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0	0115, Florida Statutes,	the undersigned,			
Gerri Detweiler hereby re		, hereby resigns as	S			
	Name of Registered					
Registered Agent for SA	NDHILL PRO	PERTY MANAGE	MENT LLC			
					,	ı
	Name of	Limited Liability Company	,			
M07000	003689					
Document Nun	ıber, if known					
A copy of this resignation	n was mailed to the	he above listed limited	liability company at its las	t known ad	dress.	
The agency is terminated	and the office di	iscontinued on the 31st	day after the date on which	h this staten	nent is	filed.
	Deri	Signature of Resigning	8-29-17	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	संबर्	
If signing on behalf of an entity:				∑- e	291 SEP - I	Liga 1 1
		Gerri Detweiler		77. T	1	trans
		Typed or Printed Name		en e		<u>Б</u> Бел (*
		Reg agen	<u>t</u>		PM 12: 22	. Ş
		Capacity C		∰. G:11	1,5 1,5	1
				> '	2	
	FILE \$ 85.0 \$ 25.0	NG FEES: 00 Active limited li 00 Administratively withdrawn limit	ability company / dissolved/ voluntarily dis ed liability company	ssolved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314