

M0700006463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

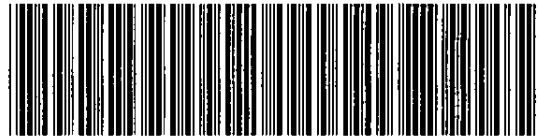
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900151439949

04/22/09--01026--001 \*\*85.00

FILED  
09 APR 22 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Tleers  
4-27-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tropical Breeze Resort, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M07000006463

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:

Robert E. Messick, Esq.  
(Name of Person)

Icard, Merrill et al  
(Name of Firm/Company)

2033 Main St, Ste 400  
(Address)

Sarasota, FL 34237  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Messick at ( 941 ) 366-8100 ext 214  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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**

**FILED**  
09 APR 22 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Robert E. Messick, Esq, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Tropical Breeze Resort, LLC

(Name of Limited Liability Company)

M02000006463  
(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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Robert E. Messick  
(Typed or Printed Name)

(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