

109000002559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

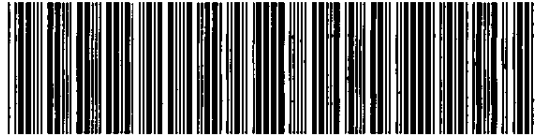
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000162173090

11/09/09--01049--024

09 NOV -9 PM 12:27

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2A Res
OEG
11/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sugar Beach RV Park Holding Company, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M09000002559

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:

Felicia Henderson
Name of Person

Matthews & Hawkins, P.A.
Name of Firm/Company

4475 Legendary Drive
Address

Destin, Florida 32541
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felicia Henderson at (850) 837-3662
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Scott M. Work

Name of Registered Agent

, hereby resigns as

Registered Agent for Sugar Beach RV Park Holding Company, LLC

Name of Limited Liability Company

M09000002559

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.

Scott M. Work

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314
09 NOV -9 PM 12:27

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