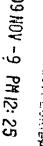
(Re	equestor's Name)	· · ·
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
ć		
	<u></u>	

Office Use Only



100162173081

11/09/09--01049--024 \*\*915.00







## **COVER LETTER**

TO:	Amendment Section Division of Corporations	S			
CUDIECT		Sugar Booch DV Bark 11 C			

SUBJECT:	Name of Limited Liability Company
DOCUMENT NUMBER:	M0900002560
The enclosed Resignation of Refor filing.	egistered Agent for a Limited Liability Company and fee are submitte
Please return all correspondence	e concerning this matter to the following:
Felicia Her Name of P	
Matthews & Ha	·
4475 Legend Addres	
Destin, Floric City/State and	
E-mail address: (to be used for fi	future annual report notification)
For further information concern	ning this matter, please call:
Felicia Henderson Name of Person	at ( <u>850</u> ) 837-3662  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	of section 608.416(2	2) or 608.509, F	orida Statutes, the	undersigned,		
	Scott M. Work		, hereby	resigns as		
Na	ume of Registered Agen	t		_		
Registered Agent for		Sugar Bead	ch RV Park, LLO	2		
	Name of Limi	ted Liability Comp	any		,	
M090000						
Document Number	er, if known					
A copy of this resignation v	was mailed to the ab	ove listed limite	ed liability compan	y at its last known ad	ldress.	
The agency is terminated an —  If signing on behalf of an er	Scott	tinued on the 31  HWork  Signature of Resig		e on which this stater	nent is fil	ed.
	Ту	ped or Printed Nam	e		VON 60	TALL
		Capacity		_	0V -9	
	FILING F \$ 85.00 \$ 25.00	Active limited Administrative	liability company ly dissolved/ volu ited liability comp	ntarily dissolved/ pany	PM 12: 25	OF WINDS

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