

✓
M13000007057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

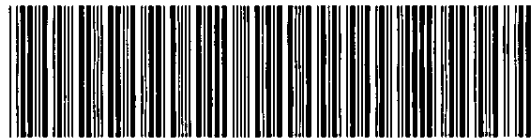
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/19/13--01001--004 **55.00

RECEIVED

13 DEC 18 PM 1:31

SECTION OF REGISTRATION

2013 DEC 18 AM 10:20

TALLAHASSEE, FLORIDA

B. EOSTICK

DEC 19 2013

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 12/18/2013

REF. #: 8994560

CORP. NAME: ESLBV PROPERTY OWNER, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: RESIGNATION OF MEMBER | | |

STATE FEES PREPAID WITH CHECK# 70011720 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

TALLAHASSEE, FLORIDA

2013 DEC 18 AM 10:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESLBV PROPERTY OWNER, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GRACE H. YANG, ESQ.

(Contact Person)

GRAYROBINSON, P.A.

(Firm/Company)

401 E. JACKSON ST., SUITE 2700

(Address)

TAMPA, FLORIDA 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

GRACE H. YANG, ESQ. at (813) 273-5000

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &

Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 DEC 18 AM 10:20



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ESLBV PROPERTY OWNER, LLC

2. This limited liability company was organized under the laws of:
DELAWARE

3. The Florida document/registration number of this limited liability company is:
M13000007057

4. I, BARBARA EVANS, hereby resign as a MANAGER mgRm
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Barbara Evans
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2018 DEC 18 AM 10:20
TALLAHASSEE, FLORIDA