

m98000001276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

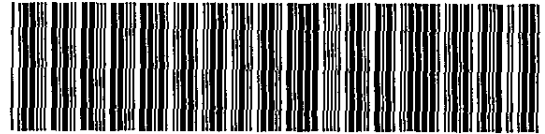
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400011174374

01/31/03--01062--005 **262.50

CLERK OF STATE
TALLAHASSEE, FLORIDA

03 FEB 28 PM 3:16

FILED

m98000001276
588 RTR Res
2-28-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Naples Geriatric Properties, LLC

(Name of Corporation)

DOCUMENT NUMBER: M98000001276

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin G. Coleman

(Name of Person)

Goodlette, Coleman & Johnson, P.A.

(Name of Firm/Company)

4001 North Tamiami Trail, Suite 300

(Address)

Naples, Florida 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin G. Coleman

(Name of Person)

at (239)

435-3535

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

GOODLETTE COLEMAN & JOHNSON, P.A.
ATTORNEYS AT LAW

Kevin G. Coleman
J. Dudley Goodlette
Kenneth R. Johnson
Richard D. Yovanovich
Harold J. Webre, III
Edmond E. Koester
Linda C. Brinkman
Craig D. Grider
Gregory L. Urbancic
Matthew L. Grabinski

Northern Trust Bank Building
4001 Tamiami Trail North
Naples, Florida 34103
(941) 435-3535
(941) 435-1218 Facsimile

Writer's e-mail: rvovanovich@gcilaw.com

January 30, 2003

via Federal Express

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Resignation of Registered Agent

To Whom It May Concern:

Enclosed please find three (3) original Resignation of Registered Agent along with a check for \$262.50 (\$87.50 per resignation) for the following:

Summer House Assisted Living, Inc.
Naples Geriatric Properties, LLC
Naples Geriatric Care Company Limited Partnership

If you have any questions regarding this matter, please feel free to contact me.

Very truly yours,


Susan M. Copeland

RDY:smc

Enclosure

F:\DATA\WPDATA\LITIGATE\registered agent resignation.wpd



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 7, 2003

KEVIN COLEMAN
4001 NORTH TAMiami TRAIL
SUITE 300
NAPLES, FL 34103

SUBJECT: NAPLES GERIATRIC PROPERTIES, LLC
Ref. Number: M98000001276

We have received your document for NAPLES GERIATRIC PROPERTIES, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 703A00008555

RECEIVED
03 FEB 26 AM 10:44
DIVISION OF CORPORATIONS

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,

Kevin G. Coleman

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Naples Geriatric Properties, LLC

(Name of Limited Liability Company)

M98000001276

(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 of Resigning Agent)

If signing on behalf of an entity:

Kevin G. Coleman

(Typed or Printed Name)

Registered Agent

(Capacity)

FILED
03 FEB 28 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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