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SECRETARY OF STATE
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D. BRUCE

APR 15 2011

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

| SUBJECT: Superior Investment Name of Limit | ts at Black Bear II, LLC ed Liability Company | |
|---|---|--|
| DOCUMENT NUMBER: | L08000053195 | |
| The enclosed Resignation of Registered Agent fo for filing. | r a Limited Liability Company and fee are submitted | |
| Please return all correspondence concerning this | matter to the following: | |
| Jonathan D. Woods Name of Person | | |
| Name of Firm/Company | | |
| 425 W. Colonial Dr. Ste. 204 Address | APRIL PHIZE LAHASSEE. FLO | |
| Orlando, FL 32804 City/State and Zip Code | PH PS TATE EE. FLORIDA | |
| E-mail address: (to be used for future annual report no | otification) | |
| For further information concerning this matter, pl | ease call: | |
| Jonathan D. Woods at (at (| 407) 650-8133 Area Code & Daytime Telephone Number | |
| Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative limited liability company. | Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn | |
| MAILING ADDRESS: Amendment Section | STREET ADDRESS: Amendment Section | |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of | section 608.416(2) or 608. | .509, Florida Statutes | s, the undersigned, |
|---|--|---|---|
| Jona | than D. Woods | , h | nereby resigns as |
| Name | e of Registered Agent | | |
| Registered Agent for | Superior Inve | estments at Black | Bear II, LLC |
| | Name of Limited Liabili | ty Company | , |
| L08000053 | 195 | | |
| Document Number, | if known | | |
| A copy of this resignation wa | s mailed to the above liste | d limited liability cor | mpany at its last known address. |
| The agency is terminated and If signing on behalf of an enti | ry: Silvering | O. Woods | e date on which this statement is filed. |
| | \$ 85.00 Active 1 \$ 25.00 Admini- withdra | limited liability com stratively dissolved/ awn limited liability | pany voluntarily dissolved/ company |

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