

L12000022684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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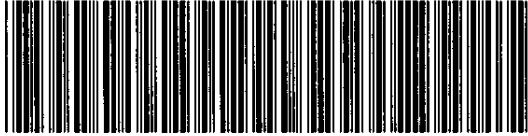
(Business Entity Name)

(Document Number)

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J. SAULSBERRY  
EXAMINER  
NOV 8 2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SFL Charter School Management  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000022684

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:

Judy Perlin

Name of Person

SFL Charter School Management

Name of Firm/Company

7796 Mandarin Drive

Address

Boca Raton, FL 33433

City/State and Zip Code

judyriver@aol.com

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

For further information concerning this matter, please call:

Cory MacNeille

561 8438081

Name of Person at ( ) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,  
**Cory MacNeille**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent  
**SFL Charter School Management LLC**  
Registered Agent for \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company  
**L12000022684**  
\_\_\_\_\_  
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.

*Cory MacNeille*  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:  
**Cory MacNeille**  
\_\_\_\_\_  
Typed or Printed Name  
**MGRM**  
\_\_\_\_\_  
Capacity

**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**