

L990000006469

(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



000290842580

10/04/16--01007--030 **572.50

2016 OCT -3 A 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
OCT 04 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LILTON REALTY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: _____

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:

Amanda Archambault
Name of Person

National Corporate Research, LTD.
Name of Firm/Company

850 New Burton Rd Suite 200
Address

Dover, DE 19904
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Archambault at (866) 621-3524 ext. 3041
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2016 OCT - 3 A 03
FILED
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

National Corporate Research, LTD.

Name of Registered Agent

, hereby resigns as

Registered Agent for LILTON REALTY LLC

Name of Limited Liability Company

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.

Brooke D. Hayes
Signature of Resigning Agent

If signing on behalf of an entity:

Brooke Daugherty-Hayes

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT -3 A 9:33

FILED

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