

L 0000000 06097

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(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR -1 AM 7:32

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APR 07 2014  
C. CARROTHERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Unger Law Group, P.L.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Scott Tacktil  
(Contact Person)

The Unger Law Group, P.L.  
(Firm/Company)

3203 Lawton Road, Suite 200  
(Address)

Orlando, FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Tacktil at ( 407 ) 425-6880  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Unger Law Group, P.L.
2. The Florida document/registration number assigned to this limited liability company is:  
L00000006097
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/13/2015
4. I, Christopher Gilbert, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager and Member  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

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15 APR - 1 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA