

L00000015981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

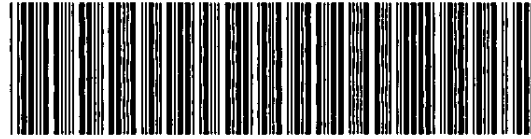
(Business Entity Name)

(Document Number)

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FILED
13 JUN 25 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 18 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2013

MITCHELL LEVIN / SUMMIT ASSET PROTECTION GROUP LLC
800 N. MAGNOLIA AVE #105
ORLANDO, FL 32803

SUBJECT: SUMMIT ASSET PROTECTION GROUP, LLC
Ref. Number: L00000015981

We have received your document for SUMMIT ASSET PROTECTION GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the title that is being resigned. You left that part blank.

Please return the corrected original and one copy of 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) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00015305

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Asset Protection Group, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Mitchell Levin
(Contact Person)

Summit Asset Protection Group, LLC
(Firm/Company)

800 N Magnolia Ave #105
(Address)

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

For further information concerning this matter, please call:

Mitchell Levin at (407) 656-2252
(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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Summit Asset Protection Group, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L00000015981

4. I, Summit Wealth Partners, Inc., hereby resign as a MEMBER
(Print Name of Person Resigning) *(Print Title)*

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

MITCHELL LEVIN AS PRESIDENT Summit Wealth Partners, Inc.
Signature of Resigning Member, Managing Member or Manager

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