

L02000020250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

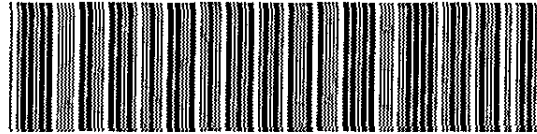
(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICES OF  
**DUNLAP & MORAN, P.A.**

Post Office Box 3948, Sarasota, Florida 34230-3948  
Telephone 941-366-0115 Facsimile 941-365-4660 www.dunlapmoran.com

May 15, 2007

7983-19

Division of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Resignation of Registered Agent -  
John A. Moran, as Registered Agent  
THE SIGNATURE GROUP OF SARASOTA, LLC  
d/b/a AVALON HOMES

Dear Sir or Madam:

Enclosed please find the executed "Resignation of Registered Agent For a Limited Liability Company", together with a check in the amount of \$85.00, representing the filing fee for said resignation of a Registered Agent from an active Limited Liability Company.

Please send confirmation that John A. Moran will be removed as Registered Agent from the public records by returning a copy of the filed paperwork in the self-addressed envelope we have enclosed for your convenience.

Should you have any questions with regard to this matter, please feel free to contact me.

Very truly yours,



Burton M. Romanoff

BMR:jm\7983-19\Pufta\Div of Corp L1  
Enclosures

CC: Joe Pufta (w/o enclosures)  
John A. Moran (w/o enclosures)

**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,

**John A. Moran, Esq.**

, hereby resigns as

(Name of Registered Agent)

Registered Agent for **The Signature Group of Sarasota, LLC.**

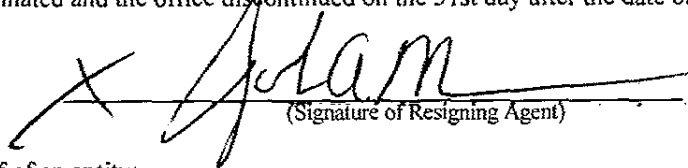
(Name of Limited Liability Company)

**L02000020250**

(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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**

**FILED**  
**07 MAY 17 AM 10:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**