

L03000002278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

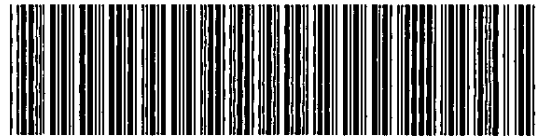
Special Instructions to Filing Officer:

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2009 OCT -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



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10/01/09--01033--009 **140.00

FILED
09 OCT -1 AM 10:11
TALLAHASSEE, FLORIDA

RA Resign
Thurs
10-8-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.L. South Associates, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L03000002278

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:

Jeffrey A Lichterman
Name of Person

C.L. South Associates, LLC
Name of Firm/Company

5241 Pennock Point Rd
Address

Jupiter, FL 33458
City/State and Zip Code

jlichterman@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Lichterman at (561) 373-1370
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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,

Jeffrey A. Lichterman, hereby resigns as
Name of Registered Agent

Registered Agent for C.L. South Associates, LLC

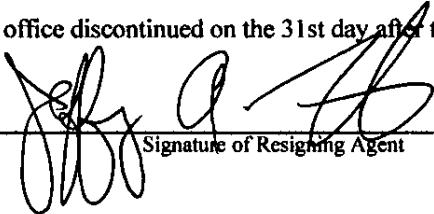
Name of Limited Liability Company

L03000002278

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
09 OCT - 1 AM 10:11
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE