

L03000028741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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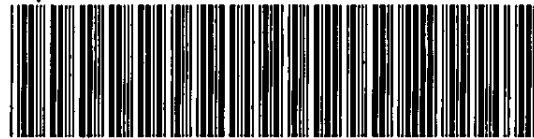
(Business Entity Name)

(Document Number)

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2007 FEB -8 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KHA

ERNEST L. MASCARA, P.A.

Law Offices

Kress Building  
Suite 202  
475 Central Avenue  
St. Petersburg, FL 33701  
www.mascaralaw.com

P.O. Box 266  
St. Petersburg, FL 33731  
Tel: (727) 896-1200  
Fax: (727) 896-1202  
Email: ernie@mascaralaw.com

February 7, 2007

**SENT VIA OVERNIGHT MAIL - UPS**

Florida Department of State  
Amendment Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Resignation of Registered Agent

Dear Sir or Madam:

Enclosed please find executed Resignations of Registered Agent for a Limited Liability Company for the following three (3) entities:

**SUN VISTA DEVELOPMENT GROUP, LLC  
SUN VISTA VENTURES, LLC  
JS REDINGTON INVESTMENTS, LLC**

I am also enclosing three (3) checks for \$85.00 each, made payable to the Florida Department of State, representing the filing fee for each resignation. Please process these three (3) resignations as soon as possible. Should you have any questions, please do not hesitate to contact our office at 727-896-1200.

Thank you for your immediate attention to this matter.

Very truly yours,

  
Ernest L. Mascara

Enclosures as noted  
ELM/mmj

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUN VISTA DEVELOPMENT GROUP, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L03000028761

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:

ERNEST L. MASCARA  
(Name of Person)

ERNEST L. MASCARA, P.A.  
(Name of Firm/Company)

475 CENTRAL AVENUE, SUITE 202  
(Address)

ST. PETERSBURG, FLORIDA 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

ERNEST L. MASCARA at ( 727 ) 896-1200  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

# 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,

ERNEST L. MASCARA

(Name of Registered Agent)

, hereby resigns as

Registered Agent for SUN VISTA DEVELOPMENT GROUP, LLC

(Name of Limited Liability Company)

L03000028761

(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)

**FILED**  
2007 FEB - 8 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **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