L04000012024

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SECRETARY OF STATE
ANALYSISE FLORIO

J. BRYAN

NOV 2 3 2010

EXAMINER

COVER LETTER

SUBJECT: National Recreational Properties of Name of Limited Liability	T Sun 'N Lakes, LLC Company			
DOCUMENT NUMBER: L040000	L04000012024			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted			
Please return all correspondence concerning this matter to the	e following:			
Mary Claire Quella, Esq. Name of Person				
National Recreational Properties, Inc. Name of Firm/Company	ALLO SEC			
1 Mauchly Address	10 NOV 22 PI SECRETARY OF FALLAHASSEE			
Irvine, CA 92618 City/State and Zip Code	PH 1: 38 RY OF STAIL SEE, FLORID			
mquella@quellalaw.com E-mail address: (to be used for future annual report notification)	Dr. oo			
For further information concerning this matter, please call:				
Mary Claire Quella, Esq. at (949 Area Code	465-8567 & Daytime Telephone Number			
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved limited liability company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn			

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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	s of section 608.416(2) or 608.509, Florida 9	Statutes, the undersign	ned,		
	Robert E. Dady		, hereby resigns a	as		
1	Name of Registered Ager	nt	<u> </u>			
Registered Agent for	National Recreational Properties of Sun 'N Lakes, LLC					
,	Name of Lim	ited Liability Company				_•
L040000	012024					
Document Num	nber, if known					
A copy of this resignation	was mailed to the al	bove listed limited liabi	lity company at its las	st known ac	ldress.	
The agency is terminated If signing on behalf of an		Signature of Resigning Ag		n this state	nent is	s filed.
	F	Robert E. Dady				
_	Ту	ped or Printed Name		~~1		
<u>-</u>	Re	egistered Agent		A SE	5	
	FILING) \$ 85.00 \$ 25.00	Capacity FEES: Active limited liabilit Administratively diss withdrawn limited liabilit	ly company olved/voluntarily dis ability company	ECRETARY OF STATE LAHASSEE, FLORODE	10 NOV 22 PM 1: 38	F

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314