

05/10/07  
Division of Co-

# LD5000002223

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407) 581-9800  
Fax Number : (407) 581-9801

*RA Resign  
Renee*

## REGISTERED AGENT RESIGNATION

SOUTHLAND SUITES AT MT. DORA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

RECEIVED

07 AUG 10 AM 8:00

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**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,

**William R. Lowman, Jr.**

(Name of Registered Agent)

Registered Agent for **Southland Suites at Mt. Dora, LLC**

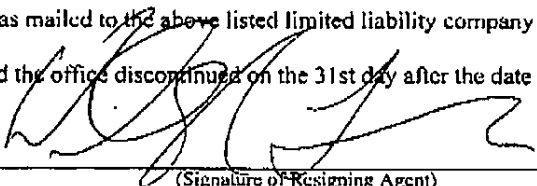
(Name of Limited Liability Company)

**L05000002223**

(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:

**William R. Lowman, Jr.**

(Typed or Printed Name)

**Registered Agent**

(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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)

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**FILED**  
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TALLAHASSEE, FLORIDA  
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