

LOS 0000 13177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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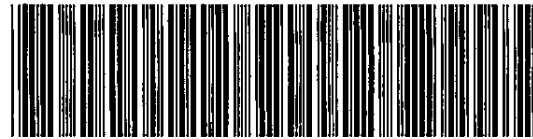
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
PALM BEACH, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Southern Screen, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** LO5000013177

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:

TAMELA L Campbell  
Name of Person

Southern Screen, LLC  
Name of Firm/Company

682 Venson Court  
Address

Deltona, Fl. 32738  
City/State and Zip Code

Tamelalee@adlcon  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMELA L Campbell at ( 386 ) 574-7567  
Name of Person Area Code & Daytime Telephone Number

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2013 APR -8 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Richard W Campbell, hereby resigns as  
Name of Registered Agent

Registered Agent for Southern Screen, LLC  
Name of Limited Liability Company

L05000013177  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

### **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