L05000015873

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SECRETARY OF STATE
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J. BRYAN

APR 28 2011

EXAMINER

COVER'LETTER

Amendment Section Division of Corporations

TO:

Tallahassee, FL 32314

SUBJECT: Taylor Holdings o	f Central Florida LLC ed Liability Company
Name of Limit	ed Liability Company
DOCUMENT NUMBER:	L05000015873
The enclosed Resignation of Registered Agent fo for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the following:
Bret Jones Name of Person	
Name of Ferson	
Bret Jones, PA	AE =
Name of Firm/Company	
700 Almanınd Ohman	APR 27 PM 1: 00 LLAHASSEE, FLORID
700 Almond Street Address	SEX P F
1 iddless	
Clermont, FL 34711	TOTAL STREET
City/State and Zip Code	———
	**
bjones@bretjonespa.com E-mail address: (to be used for future annual report no	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, pl	ease call:
Doniso Cozobon Egg	252 204 4025
Name of Person	352) 394-4025 Area Code & Daytime Telephone Number
	The court of the product of the court of the
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative limited liability company.	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.509, Florid	la Statutes, the undersigned,	
Bret Jones		, hereby resigns as	
Name o	f Registered Agent	,,,,,,	
Registered Agent for	Taylor Holdings of C	entral Florida, LLC	_
	Name of Limited Liability Company		
L05000015	<i>873</i>		
Document Number, if	known		
A copy of this resignation was a	mailed to the above listed limited lia	ability company at its last known addres	s.
The agency is terminated and th	ne office discontinued on the 31st da	ay after the date on which this statement	is filed.
	BateJones		
If signing on behalf of an entity	Signature of Resigning	ALLE ALLE	-1 0
	Bret Jones, PA	APR 2	
	Typed or Printed Name	TARY OF ASSEE.	-
	Capacity	F STATE FLORIDA	T 3

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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