## 205000039306

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer	
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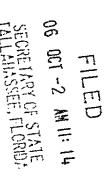
Office Use Only



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10/02/06--01016--030 \*\*85.00

RA Resign



## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: RIVER OAKS UTILITIES, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L05000039306
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:
Stephanie Weatherford
(Name of Person)
Home & Ranch Real Estate Company
(Name of Firm/Company)
825 E Cowboy Way #105
(Address)
LaBelle FL 33935
(City/State and Zip Code)
For further information concerning this matter, please call:
Stephanie Weatherford at ( 863 ) 612-0000 (Name of Person) (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPAÑY

Pursuant to the provisi	ions of section 608.416(2) or 608.509, F	lorida Statutes, the undersigned.	
Stephanie Weath		, hereby resigns as	福 2
	(Name of Registered Agent)		
Registered Agent for	RIVER OAKS UTILITIES, LLC		
30 Hardee Street	Suite B LaBelle FI 33935		<u> </u>
	(Name of Limited Liability Comp	pany)	
L05000039306			
(Document Nu	umber, if known)		
A copy of this resigna	tion was mailed to the above listed limit	ed liability company at its last kno	wn address.
The agency is termina	ted and the office discontinued on the 31	st day after the date on which this	statement is filed.
	(Signature of Resigning A	Agent)	
If signing on behalf of	an entity:		
	(Typed or Printed Nam	me)	
	(Capacity)		

Active limited liability company
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