U5000039980

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Reflections Community De						
Name of Limited Liability Company							
DOC	UMENT NUMBER: <u>L050000399</u>	86	- -				
The e	nclosed Resignation of Registered Aing.	Agent f	or a Limited	l Liability Company and	d fee are	subm	itted
Please	e return all correspondence concerni	ng this	s matter to th	ne following:			
Anne	Herstol						
	Name of Person			-			
Princ	e CPA Group						
	Name of Firm/Company			-			
9161	Narcoossee Road Ste 202						
	Address			•			
Orlar	ndo, FL 32827						
	City/State and Zip Code			•			
aher	stol@princecpagroup.com						
6	-mail address: (to be used for future annua	l report	notification)	-			
For fu	orther information concerning this m	·				2016	
Anne	Herstol	at	407	823-8230 Daytime Telephone Νι	AHA AHA	2016 NOV 2	T
	Name of Person	ai	Area Code	Daytime Telephone Nu	ımber::	2	
liabili	sed is a check made payable to the left to company or \$25.00 for an adminity company.	Florida istrativ	n Departmen vely dissolve	t of State for \$85.00 for d, voluntarily dissolved	r and action of the control of the c	ve Um Idr aj wn	ited limite
	LING ADDRESS:			ET ADDRESS:			
_	tration Section	ation Section					
	ion of Corporations Box 6327	Division of Corporations					
r.U. I	30X 032/	Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 603.0113, Florida	Statutes, the undersigned,
Keith Buescher	, hereby resigns as
Name of Registered Agent	
Registered Agent for Reflections Community De	velopers LLC
Name of Limited Liabili	ty Company ,
L05000039986	
Document Number, if known	
A copy of this resignation was mailed to the above listed. The agency is terminated and the office discontinued of	ed limited liability company at its last known address. In the 31st day after the date on which this statement is filed.
Kouch Bunks	of Resigning Agent
If signing on behalf of an entity:	ZOIS NO TALLAND
The ith Duase Typed or Prin	nted Name
Capacit	FLORIDA

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

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company