

205000648253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

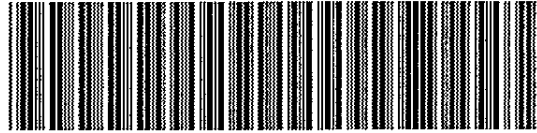
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRINT
RT RESIGN

CHERI JOHNSON WRIGHT, P.A.

ATTORNEY AT LAW
154 AVE. H, SE, SUITE TWO
WINTER HAVEN, FLORIDA 33880

CHERI JOHNSON WRIGHT

TELEPHONE 863/293-0960

TELECOPIER 863/294-7345

December 13, 2006

*Secretary of State
Amendment Section
P. O. Box 6327
Tallahassee, FL 32314*

*Re: Overlook Holdings, LLC
Office File #06-5914*

Dear Sirs:

With respect to the above file, enclosed please find the following documentation to be filed, together with my Firm's check #~~803~~ in the amount of \$85.00 for filing fees.

- 1. Transmittal Letter to Amendment Section;*
- 2. Resignation of Registered Agent for a Limited Liability Company;*

By separate cover letter to the Registration Section, I am providing separate documentation for change of the Registered Agent.

Thank you in advance for your assistance.

Yours very truly,


Cheri Johnson Wright

Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Overlook Holdings, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000048253

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:

Jerry L. Carter
(Name of Person)

(Name of Firm/Company)

275 Lake Link Rd.
(Address)

Winter Haven, FL 33884
(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry L. Carter at (863) 287-0199
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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,

Peter E. Cassidy

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Overlook Holdings, LLC

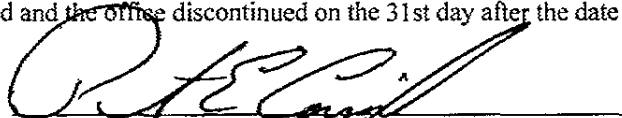
(Name of Limited Liability Company)

L05000048253

(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:

(Typed or Printed Name)

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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