

(Requestor's Name)
(Address)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Business Citaly Name)
(Document Number)
·
Certified Copies Certificates of Status
0 11 1 1 1 1 1 1 1
Special Instructions to Filing Officer:

Office Use Only



600240797296

10/19/12--01003--015 **150.00

12 OCT 19 PM 4: 25
SECRLIARY OF STATE

B. BOSTICKOCT 2 2 2012

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Cortex Develo	opment Gro	up III LLO	<u></u>		
DOCUMENT NUMBER		L050000	-			
The enclosed Resignation for filing.	of Registered Agent	t for a Limited	Liability Co	ompany and f	ee are sub	omitted
Please return all correspon	ndence concerning th	nis matter to th	e following	:		
Eve Nar	erett Atwell ne of Person				•	
	ppment Group III L f Firm/Company	LC				٠
1115 Ma	rbella Plaza Dr. Address					12 007 19
Tamp City/Sta	a, FK 33619 · te and Zip Code				SECTION SERVICE SECTION SECTIO	9 PM 4: 25
E-mail address: (to be us	ed for future annual repo	ort notification)			ED rei	ψ 1
For further information co	oncerning this matte	r, please call:				
Timothy K. I		at (<u>305</u> Area Code		96-8851 Felephone Num	iber	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	s of section 608.416(2) or 608.509, Florida Statutes, the undersigned,		
	n Koenig & Highsmith PA , hereby resigns as Name of Registered Agent		
Registered Agent for	Cortex Development Group III LLC		
	Name of Limited Liability Company	,	
L05000 Document Nur			
A copy of this resignation	n was mailed to the above listed limited liability company at its last known ad	dress.	
The agency is terminated	and the office discontinued on the 31st day after the date on which this stater Signature of Resigning Agent	ment is filed.	34
If signing on behalf of an	entity:	·-··	
	Timothy J. Koenig Typed or Printed Name	·T' 🕮 "	ž nama imper
	Feldman Koenig & Hlghsmith PA Capacity	·盖 25	

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