## LU5000055493

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

Office Use Only



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04/30/09--01003--008 \*\*25.00

DETAIL GAZNI OF WATE DIVISION OF WHEFONATION TALL AMASSEE, FLORIDA

RECEIVED
09 APR 29 PM 4: 02

FILED

09 APR 29 AM IO: 15

SECRETARY OF STATE
TALLAHARSEE ELEMBA

B. KOHR
APR 3 0 2009
EXAMINER



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

## HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

180293				
_	April 29, 2009			

FILING & SEARCH		April 29, 2009
SERVICES TO		ORPORATION NAME (S) AND DOCUMENT NUMBER (S): Realty, LLC
		100
Filing Evidence  ☑ Plain/Confirmation Copy		Type of Document  Certificate of Status  Certificate of Good Standing
☐ Certified Copy		□ Certificate of Good Standing •
		□ Articles Only
Retrieval Request  Photocopy		<ul> <li>All Charter Documents to Include Articles &amp; Amendments</li> <li>Fictitious Name Certificate</li> </ul>
□ Certified Copy		□ Other
NEW FILINGS		AMENDMENTS
Profit		Amendment
Non Profit	X	Resignation of RA Officer/Director
Limited Liability		Change of Registered Agent
Domestication		Dissolution/Withdrawal
Other		Merger
OTHER FILINGS		DECISTRATION/OUTAL IEICATION
	-	REGISTRATION/QUALIFICATION
Annual Reports		Foreign
Fictitious Name		Limited Liability
Name Reservation	<u> </u>	Reinstatement
Reinstatement		Trademark
		Other

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.309, Florida Statutes, the under	rsigned,
UCC Filing & Search Services, Inc. , hereby resignation	gns as
(Name of Registered Agent)	2 72
Registered Agent for Tollefson Realty, LLC	gns as FILED AMIO
(Name of Limited Liability Company)	- 15
L05000055493	21
(Document Number, if known)	i.
A copy of this resignation was mailed to the above listed limited liability company at i	ts last known address.
The agency is terminated and the office discontinued on the 31st day after the date on	which this statement is filed.
W. Edward Hand (Signature of Resigning Agent)	
If signing on behalf of an entity:	
W. Edward Hand	
(Typed or Printed Name)	
President	
(Capacity)	

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