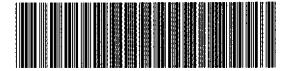
# L05000073486

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N. Cuttigan JUN 1 3 2011

### **COVER LETTER**

SUBJECT:	BJECT: Roxbury Ventures, LLC  Name of Limited Liability Company			
	Name of Limited Liability Company			
DOCUMENT NUMBER:	ER: <u>L05000073486</u>			
The enclosed Resignation of Regist for filing.	ered Agent for a Limited Liability Company and fee are submitted			
Please return all correspondence con	ncerning this matter to the following:			
Bret Jones				
Name of Perso	n			
Bret Jones, P	.A.			
Name of Firm/Con	npany			
700 Almond St	reet			
Address				
Clermont, FL 3	4711			
City/State and Zip Code				
bjones@bretjones E-mail address: (to be used for future	pa.com			
E-mail address: (to be used for future	annual report notification)			
For further information concerning t	this matter, please call:			
Denise Cazobon, Esq.	at ( <u>352</u> ) <u>394-4025</u> Area Code & Daytime Telephone Number			
ivaine of rerson	Area Code & Daytime Telephone Number			
Enclosed is a check made payable to liability company or \$25.00 for an alimited liability company.	the Florida Department of State for \$85.00 for an active limited dministratively dissolved, voluntarily dissolved or withdrawn			

## **MAILING ADDRESS:**

TO:

Amendment Section Division of Corporations

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 of section	n 608.416(2) or 608.509	), Florida Statutes, the undersign	ied,
Bret Jones , hereby re		, hereby resigns a	ns.
		, ,	-
Registered Agent for	Roxbu	ry Ventures, LLC	<del></del>
N	lame of Limited Liability Co	ompany	,
L05000073486			
Document Number, if know	'n	•	
A copy of this resignation was maile	ed to the above listed lin	nited liability company at its las	t known address.
The agency is terminated and the of	fice discontinued on the	31st day after the date on which	h this statement is filed.
If signing on behalf of an entity:	Signature of the	Jores Jesigning Agent	SECRETAR DIVISION OF C
	Bret Jones, I	P. <b>A</b> .	
	Typed or Printed N	lame	
	Capacity		<b>2</b> 15

**FILING FEES:** 

\$ 85.00 \$ 25.00 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