

**L05000075948**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

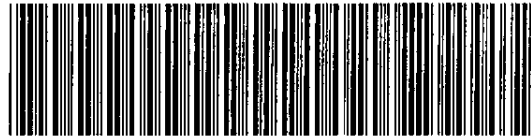
Special Instructions to Filing Officer:

**L. SELLERS**

**APR 27 2011**

**EXAMINER**

Office Use Only



**500204040625**

04/25/11--01027--020 \*\*25.00

**FILED**  
11 APR 25 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Law Offices of  
**Bret Jones P.A.**  
ATTORNEYS AND COUNSELORS

**Bret Jones**

BJones@BretJonesPA.com

April 20, 2011

**Alison Strange**

AStrange@BretJonesPA.com

**Denise Cazobon**

*LL.M., Taxation*

DCazobon@BretJonesPA.com

Ms. Tanya Winchester  
202 E. Madison  
Minneola, FL 34715

Re: The South Lake Group, LLC

**Ryan Cipparone**

RCipparone@BretJonesPA.com

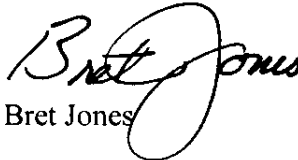
Dear Ms. Winchester:

We have prepared and filed with the Florida Department of State a Resignation of Registered Agent form in accordance with Florida Statutes §608.416(2) and §608.509. A copy of same is attached for your records.

Should you need legal services in the future, I hope you will again consider Bret Jones, P.A.

Should you have any questions or concerns, please feel free to contact me.

Sincerely,

  
Bret Jones

BJ/cdb  
Enclosure

700 Almond Street  
Clermont, FL 34711

Tel: (352) 394-4025  
Fax: (352) 394-1604

Contact@BretJonesPA.com

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The South Lake Group, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000075948

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:

Bret Jones  
Name of Person

Bret Jones, PA  
Name of Firm/Company

700 Almond Street  
Address

Clermont, FL 34711  
City/State and Zip Code

bjones@bretjonespa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Cazobon at ( 352 ) 394-4025  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

Bret Jones, Esquire

Name of Registered Agent

, hereby resigns as

Registered Agent for The South Lake Group, LLC

Name of Limited Liability Company

L05000075948

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

### **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

INHS17 (08/05)

**FILED**  
11 APR 25 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA