

L05000079143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

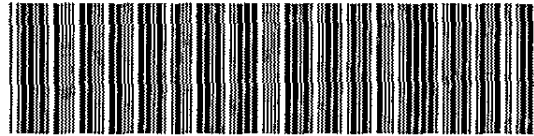
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500080130185

*RA Resign
Trends*

10/02/06--01016--024 **105.00

FILED
06 OCT -2 AM 8 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parkwood South LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gurcharn S Dang
(Name of Person)

(Firm/Company)

3443 Pine Ridge Rd
(Address)

Naples, FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Judy Hardinger
(Name of Person)

at (239) 566-7100
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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,

Carol Girardin

(Name of Registered Agent)

Registered Agent for Parkwood South LLC

(Name of Limited Liability Company)

LO 50000679143

(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.

Carol E. Girardin

(Signature of Resigning Agent)

If signing on behalf of an entity:

Carol E. Girardin

(Typed or Printed Name)

Agent

(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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

06 OCT -2 AM 8:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
JAN 22 2 42 PM '09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Carol Giardin, hereby resigns as
(Name of Registered Agent)

Registered Agent for Parkwood South LLC

(Name of Limited Liability Company)

LC 5000079143

(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.

Carol E. Giardin
(Signature of Resigning Agent)

If signing on behalf of an entity:

Carol E. Giardin
(Typed or Printed Name)

Agent
(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