## L05000108547

(Requestor	's Name)				
(Address)					
(Address)					
(City/State/	Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies C	Certificates of Status				
Special Instructions to Filing Officer:					
ED 8:55	,				
RECEIV  OCT 11 AM  EGRETAGY OF STANKESEE. FI	e Use Only				



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10/07/10-01008-025-\$60.00

FILED

10 NOV -4 PN 1:4:
SECRETARY OF STATE
FABLAHASSEE, FLORIBA

G. HARVEY
NOV 4 2010
EXAMINER

3

## Florizons Group LLC Your Business Is Our Business

October 27, 2010

Letter: 010A00024088

Subject: Kanon Builders LLC Ref Number: L050001108547

We have received the attached documents for KANON BUILDERS LLC and a letter stating that the resignation form should be accompanied by a fee of \$85.00

Attached is a copy of the cleared check that was submitted with the resignation form.

There were 3 separate forms and 3 separate checks:

Check # 376 \$85.00 for Resignation of Registered Agent for A Limited Liability Company, Document # L05000108547

Check # 377 \$25.00 for Resignation of Member Simon Palmer from Kanon Builders LLC, Document #410A00023925. This document was processed and complete.

Check # 378 \$25.00 for Articles of Dissolution dissolving Palmer Investment Enterprises, LLC, Document # 010A00023970. This document was processed and complete.

Could you please re-process Document L05000108547 as the cancelled check has cleared.

If I can be of any additional help, please feel free to call me, 352-638-6826.

Joseph Hug President

Horizons Group LLC 1355 Abercrombie Way The Villages, FL 32162

www.horizonsgroup.us 352-638-6826

Member: Lady Lake Chamber of Commerce

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.4	416(2) or 608.509, Florid	la Statutes, the under	rsigned,
SIMON	PALMER	, hereby resigns as		
	Name of Registered	Agent		-
Registered Agent for _	KANON	BUILDERS	درد	
	Name of	Limited Liability Company		,
	DOIO85 Jumber, if known	547		
A copy of this resignati	ion was mailed to tl	he above listed limited li	ability company at it	ts last known address.
The agency is terminate	ed and the office di	scontinued on the 31st d	ay after the date on v	which this statement is filed.
	BL	Signature of Resigning	Agent	
If signing on behalf of	an entity:			SECR TALL
		Typed or Printed Name	<del> </del>	NOV -4 PECRETARY OF
		Capacity		ED PN 1:48 OF STATE EE, FLORIBA
	FILIT \$ 85.0 \$ 25.0	NG FEES: O Active limited liab O Administratively of withdrawn limited	oility company lissolved/voluntaril I liability company	ly dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314