

L060000014382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

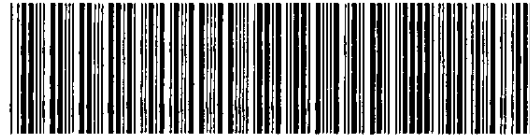
(Business Entity Name)

(Document Number)

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2011 MAR -8 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

MAR 10 2011

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAWTON & FISCHER, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000014382

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:

PHILLIP S. SMITH, ESQUIRE  
Name of Person

McLIN BURNSED  
Name of Firm/Company

POST OFFICE BOX 491357  
Address

LEESBURG, FL 34749-1357  
City/State and Zip Code

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

For further information concerning this matter, please call:

PHILLIP S. SMITH at ( 352 ) 787-1241  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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## 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,

PHILLIP S. SMITH, ESQUIRE

Name of Registered Agent

Registered Agent for LAWTON & FISCHER, LLC

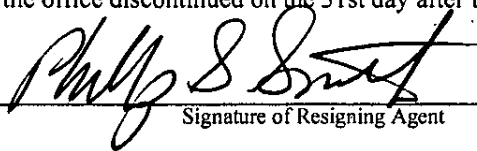
Name of Limited Liability Company

L06000014382

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:

PHILLIP S. SMITH

Typed or Printed Name

REGISTERED 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

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