## 10600020998

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone #	f)
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## **COVER LETTER**

Amendment Section Division of Corporations

Homes

TO:

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

DOCUMENT NUMBER: 40600020798
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:
James L. Bearden, Esq. (Name of Person)
The Thomas Low Group, P.A.  (Name of Firm/Company)
445 Ezst Palmetto Park Road  (Address)
Boca Return FL 33432  (City/State and Zip Code)
For further information concerning this matter, please call:
James Bezrden at (561) 368.74.74  (Name of Person) at (561) 368.74.74  (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## 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,		
James L. Bearden, hereby resigns as (Name of Registered Agent)		
(Name of Registered Agent)		
Registered Agent for Homes Plus, LLC	<del></del>	
(Name of Limited Liability Company)	·	
L0600020998 (Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liability company at its last known ad-	dress.	
The agency is terminated and the office discontinued on the 31st day after the date on which this states	nent is f	îiled.
James Z. Bearden . (Signature of Resigning Agent)		
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
(Typed or Printed Name)	07 SI	SECI
(Capacity)	SEP 27	::::: ::::::::::::::::::::::::::::::::
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FILING FEES:  \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/	35	~:
withdrawn limited liability company		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