L060000004159

(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
, ,
(Document Number)
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Special Instructions to Filing Officer:
A
A. LUNT
APR 27 2010
EXAMINER

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Law Offices of Bret Jones P.A.

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LLM, Taxation

DCazobon@BretJonesPA.com

Ryan Cipparone RCipparone@BretJonesPA.com

Cara Singeltary
CSingeltary@BretJonesPA.com

April 20, 2011

Mr. Dwayne Dundore 11522 Audubond Lane Clermont, FL 34711

Re: Central Florida Waste, LLC

Dear Mr. Dundore:

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:	Central Flor	<u>rida Wast</u>	<u>te, LLC</u>				
	Name of Limi	ted Liability	Company	7			
DOCUMENT NUMBER:		L060000	<u> 24159</u>				
The enclosed Resignation of For filing.	Registered Agent fo	or a Limit e o	l Liability	y Company an	nd fee are	submi	tted
Please return all corresponden	ce concerning this	matter to th	ne follow	ing:			
Bret J	ones						
Name of	Person					٠.	
, Bret Jor	•				I VE	2011	
Name of Fire	n/Company					<u> </u>	~~f
700 Almoi					AHASSEE	2011 APR 25	-4244
Clermont, I City/State an					FLORIDA	AH 9: 18	and another
bjones@bret E-mail address: (to be used for	onespa.com future annual report r	notification)					
For further information concer							
Denise Cazobor)	394-4025	·······bon		
ivaine of Person		Area Code	∞ Daytim	ne Telephone N	umber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	et Jones	, hereby resigns as	
Name of F	Registered Agent	, ,	
Registered Agent for	Central Flo	rida Waste, LLC	
	Name of Limited Liability Comp	pany	,
L06000024159			
Document Number, if known	own		
A copy of this resignation was ma	niled to the above listed limit	ed liability company at its last known	address.
The agency is terminated and the	office discontinued on the 31	Ist day after the date on which this sta	ntement is filed.
The agency is terminated and the	office discontinued on the 3	Ä	4
The agency is terminated and the	Set Jones	Ä	2011 APR 25

FILING FEES:

Capacity

\$ 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