

206000024160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

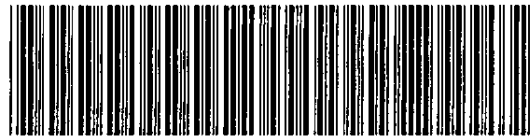
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Certified Copies _____ Certificates of Status _____

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2011 APR 25 AM 9:25
SECONDARY OF STATE
TALLAHASSEE, FLORIDA



Law Offices of
Bret Jones P.A.
ATTORNEYS AND COUNSELORS

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April 20, 2011

Alison Strange

AStrange@BretJonesPA.com

Denise Cazobon

LL.M. Taxation

DCazobon@BretJonesPA.com

Mr. Dwayne Dundore
11522 Audubond Lane
Clermont, FL 34711

Re: IMG, LLC

Ryan Cipparone

RCipparone@BretJonesPA.com

Dear Mr. Dundore:

Cara Singeltary

CSingeltary@BretJonesPA.com

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: IMG, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000024160

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:

Bret Jones
Name of Person

Bret Jones, PA
Name of Firm/Company

700 Almond Street
Address

Clermont, FL 34711
City/State and Zip Code

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

For further information concerning this matter, please call:

Denise Cazobon at (352) 394-4025
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Bret Jones

Name of Registered Agent

, hereby resigns as

Registered Agent for

IMG, LLC

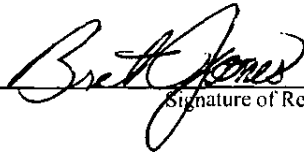
Name of Limited Liability Company

L06000024160

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:

Typed or Printed Name

Capacity

FILED
2011 APR 25 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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