

LO6000066435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

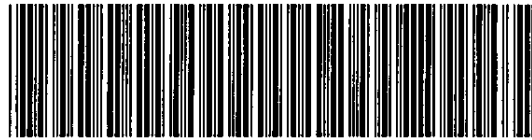
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

115.00

Office Use Only



100082258631

12/18/06--01025--024 **165.00

FILED
06 DEC 18 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. [unclear] DEC 27 2006

The Law Firm of
MAXWELL & MAXWELL, P.A.

405 NW THIRD STREET
OKEECHOBEE, FLORIDA 34972

DEVIN R. MAXWELL

ELIZABETH A. MAXWELL
TO: Amendment Section
Division of Corporations

TELEPHONE: 863-763-1119

FACSIMILE: 863-763-1179
okeechobeelawyer@yahoo.com

SUBJECT: MIDFLORIDA REALTY, LLC

The enclosed Resignation of Registered Agent for a Limited Liability Company, Change of Registered Agent, Resignation of Managing Member, and fees are submitted for filing and one Certified copy of record of Resignation of Managing Member.

Please return all correspondence concerning this matter to the following:

Elizabeth Maxwell, Esquire
The Law Firm of Maxwell & Maxwell, P.A.
405 NW Third Street
Okeechobee, Florida 34972

For further information concerning this matter, please call:

Elizabeth Maxwell, Esquire at (863) 763-1119

Enclosed is a check made payable to the Florida Department of State for :
\$85.00 for Resignation of Registered Agent active LLC
\$25.00 for Resignation of Managing Member of LLC
\$30.00 for Certified copy of Resignation
\$25.00 for Change of Registered Agent

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

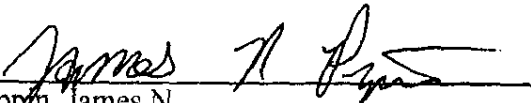
**RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, Pippin, James N., hereby resigns as Registered Agent for MIDFLORIDA REALTY, LLC.

Document Number:

A copy of this resignation was mailed to the above-named 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.


Pippin, James N.

FILED
06 DEC 18 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA