

# LD6000096069

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(City/State/Zip/Phone #)

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☐ MAIL

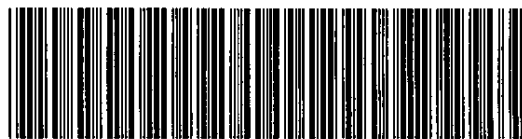
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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 14 2012

EXAMINER

# Munson Vining Midyette & Geary, LLP

Attorneys At Law

Peter J. Munson  
C. Geoffrey Vining  
William M. (Mac) Midyette, III  
Joseph Anthony Geary

1611 Harden Boulevard  
Lakeland, FL 33803  
Phone (863) 687-8320  
Fax (863) 683-2849

August 9, 2012

Secretary of State - Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Meadowlea Deland, LLC

Gentlemen:

Enclosed for filing please find an original and one copy of Resignation of Registered Agent for a Limited Liability Company. A check in the amount of \$85.00 is also enclosed for filing fees in this regard. It would be appreciated if you would please forward confirmation of filing to our office. A self addressed stamped envelope is enclosed.

Thank you for your assistance with this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Lois A. Hart". The signature is fluid and cursive, with the first name "Lois" and last name "Hart" clearly distinguishable.

Lois A. Hart, Legal Assistant to  
Peter J. Munson, Esquire

LAH/s

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEADOWLEA DELAND, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000096069

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:

PETER J. MUNSON, ESQUIRE  
Name of Person

MUNSON VINING MIDYETTE & GEARY, LLP  
Name of Firm/Company

1611 HARDEN BOULEVARD  
Address

LAKELAND, FL 33803  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER J. MUNSON at ( 863 ) 687-8320  
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

## 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,

PETER J. MUNSON

Name of Registered Agent

, hereby resigns as

Registered Agent for MEADOWLEA DELAND, LLC

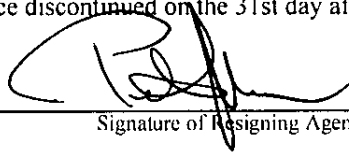
Name of Limited Liability Company

L06000096069

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  
12 AUG 13 PM 4:06  
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