L060000099886

(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:
}

Office Use Only



900201615859

04/27/11--01017--015 **25.00

2011 APR 27 PM 14 89
SEGRETARY DE STATE

C. LEWIS

APR 2 8 2011

EXAMINER



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

Bret Jones
BJones@BretJonesPA.com

Alison Strange
AStrange@BretJonesPA.com

Denise Cazobon

LLM, Taxation

DCazobon@BretJonesPA.com

Ryan Cipparone RCipparone@BretJonesPA.com

Cara Singeltary
CSingeltary@BretJonesPA.com

April 20, 2011

Matthew Bowman Ground Level Developers, LLC 3300 Oberlin Ave. Orlando, FL 32804

Re: Ground Level Developers, LLC

Dear Mr. Bowman:

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

	0 11 15		•				
SUBJECT:	Ground Level D Name of Limited	Developers, LL Liability Company	<u>C</u>				
DOCUMENT NUMBER:	L06000099886						
The enclosed Resignation of R for filing.	egistered Agent for a	a Limited Liability	Company and fee are submitted				
Please return all correspondence	ce concerning this ma	atter to the followi	ng:				
Bret J	ones Person						
Bret Jone	es. P.A.						
Name of Firr							
700 Almor							
Clermont, F	FL 34711						
•	•						
bjones@bretj E-mail address: (to be used for	onespa.com future annual report noti	fication)					
For further information concer	ning this matter, plea	se call:					
Denise Cazobon, E Name of Person	sq. at (at	352) rea Code & Daytim	394-4025 e Telephone Number				
Enclosed is a check made paya liability company or \$25.00 for limited liability company.	ble to the Florida De r an administratively	epartment of State dissolved, volunta	for \$85.00 for an active limited urily dissolved or withdrawn				

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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,								
Bret Jones		, hereby resigns as						
	Name of Registered Age	ent						
Registered Agent for		Ground Level Develop	oers	L	LC			
	Name of Lir	nited Liability Company						
	0099886							
Document Nu	mber, if known							
A copy of this resignation	n was mailed to the	above listed limited liability con	npany	at its	last kno	own addi	ess.	
The agency is terminated	l and the office disco	ontinued on the 31st day after the	e date o	on w	hich thi	stateme	ent is fil	ed.
		Signature of Regigning Agent		-				
If signing on behalf of ar	n entity:	\mathcal{O}						
	E	Bret Jones, P.A.						
]	Typed or Printed Name		_				
		Capacity		-		SEG	2011/	. شيشيد
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability of	oany volunt compa	arily ny	dissolv	RETARY OF STAFE	2011 APR 27 PM 10 8	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314