# 1010000004113

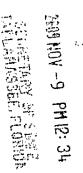
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**EXAMINER** 

### **COVER LETTER**

SUBJECT: Great South	thern Developers, LLC Limited Liability Company	
name of L.	Limited Liability Company	
DOCUMENT NUMBER:	L07000026113	
The enclosed Resignation of Registered Agen for filing.	ent for a Limited Liability Company and fee are sub-	mitted
Please return all correspondence concerning to	g this matter to the following:	
Felicia Henderson		
Name of Person		
Matthews & Hawkins, P.A.		
Name of Firm/Company		
4475 Legendary Drive		بر دو
Address	1500 mg 2	<u> </u>
Destin, Florida 32541		<u>ار</u>
City/State and Zip Code	and the second s	
	الله الله الله الله الله الله الله الله	Ž.
E-mail address: (to be used for future annual repo	eport notification)	PM 12: 34
For further information concerning this matter	ter, please call:	
Felicia Henderson	at ( 850 ) 837-3662	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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 se	ction 608.416(2) or 608.50	9, Florida Statutes, the unc	lersigned,
	C. Matthews	, hereby re	signs as
Name o	f Registered Agent		
Registered Agent for	Great Sout	hern Developers, LLC	<u> </u>
	Name of Limited Liability C	Company	
L070000261	13		
Document Number, if	known		
A copy of this resignation was a	nailed to the above listed li	mited liability company at	its last known address.
The agency is terminated and th	e office discontinued on th	e 31st day after the date or	which this statement is filed.
	Signature of I	Resigning Agent	ACCEPTANT TO
If signing on behalf of an entity	:		-9
<del></del>	Typed or Printed	Name	PMI2: 34 Chales
	Capacity		

### 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