107000041192

. (Requ	uestor's Name)	
(Addi	ress)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
· (Doc	ument Number)	
Certified Copies	: Certificates	s of Status
Special Instructions to Fi	ling Officer:	• 1
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EXAMINER

COVER LETTER

SUBJECT: Great Southern	Holdings, LLC	
Name of Limited 1	Liability Company	
DOCUMENT NUMBER: L0	UMBER: L07000041192	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this man	ter to the following:	
Felicia Henderson		
Name of Person		
Matthews & Hawkins, P.A.		
Name of Firm/Company		
4475 Legendary Drive	and an h	
Address	Programme and the second secon	
Destin, Florida 32541 City/State and Zip Code	788 NOV -9	
E-mail address: (to be used for future annual report notifi	· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matter, pleas	e call:	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Felicia Henderson
Name of Person

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

at (<u>850</u>) <u>837-3662</u> Area Code & Daytime Telephone Number

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

Pursuant to the provisions of sec	tion 608.416(2) c	r 608.509, Florida Statutes, the und	dersigned,	
, hereby resigns as				
Name of Registered Agent			6	
Registered Agent for	Great Southern Holdings, LLC			
	Name of Limited	Liability Company		
L0700004119	2			
Document Number, if k	nown			
A copy of this resignation was m	ailed to the above	e listed limited liability company a	t its last known address.	
The agency is terminated and the	e office discontinu	ned on the 31st day after the date of	n which this statement is filed.	
_	$\overline{}$			
 -	Sig	nature of Resigning Agent	Ar S	
If signing on behalf of an entity:	I		ALL NOV	
	Typed	or Printed Name		
-	C	apacity	PMIZ: 35	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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