10700066730

(Re	questor's Name)	, ,			
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BF 12/6/17

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	SOUTHER	N LI	GHTS INV	ESTMENT'S, LLC	
SOBJECT.	Name of l	Limit	ted Liability	Company	
OCUMENT NUMBER: L07000066730					
The enclosed Resignation for filing.	n of Registered Age	nt fo	r a Limited	Liability Company and fee are s	submitted
Please return all correspo	ondence concerning	this	matter to the	e following:	
K	aitie Sperry				
Na	une of Person				
Corpo	orate Direct, Inc.				
Name	of Firm/Company				
2248 Me	eridian Blvd., Ste F	1			
Address					
Minden, NV 89423					
City/State and Zip Code					
info@corporatedirect.com			l		
E-mail address: (to be u	sed for future annual rep	oort n	otification)		
For further information of	concerning this matt	er, p	lease call:		
Kaitie S	perry	at (775	782-2201	
Name of I	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, the	undersigned,		
Gerri Detweiler		, hereby resigns as		
N	ame of Registered Agent	, noted teargin as		
Registered Agent for	SOUTHERN LIGHTS	INVESTMENTS, LLC		
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·		
L070000	66730			
Document Numb	ber, if known			
A copy of this resignation	was mailed to the above listed limited liab	bility company at its last known address.		
The agency is terminated a	and the office discontinued on the 31st day Signature of Resigning A	y after the date on which this statement is filed Lese gent		
If signing on behalf of an e	entity:			
	Gerri Detweiler			
_	Typed or Printed Name			
	Registered Agent			
	Capacity	28		
	FILING FEES: \$ 85.00 Active limited liabil \$ 25.00 Administratively diswithdrawn limited	lity company ssolved voluntarily dissolved aliability company		

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