L07000102088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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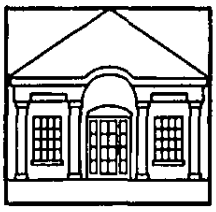
OCT 14 2011

EXAMINER

R. Scott Bunn * Δ
Charles R. Chilton
Robert J. Stambaugh
Kelly P. Butz
Robert C. Chilton

* *Board Certified Civil Trial Lawyer*
Δ *Also Admitted in Colorado*



Sharit, Bunn & Chilton P.A.
ATTORNEYS AT LAW

99 Sixth Street, S.W.
Winter Haven, Florida 33880-7900
Telephone: (863) 293-5000
Facsimile: (863) 293-2091

Reply to: Post Office Box 9498
Winter Haven, Florida 33883-9498

October 10, 2011

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Carden's Great Adventures, LLC

Dear Sir or Madam:

Enclosed herewith for filing please find the following:

1. Cover Letter and Resignation of Member, Managing Member or Manager;
2. Cover Letter and Statement of Change of Registered Office or Registered Agent; and
3. Our firm check in the amount of $50.00 to cover the filing fees.

Please let me know if you have any questions. Thank you for your kind cooperation in this regard.

Very truly yours,

Susan Saunders

Susan L. Saunders
Legal Assistant

/sls
Enclosures

$1061

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDEN'S GREAT ADVENTURES, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert E. Carden, Jr.
(Contact Person)

Carden's Great Adventures, LLC
(Firm/Company)

350 East Lake Elbert Drive
(Address)

Winter Haven, FL 33881
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert E. Carden, Jr. at (863) 291-3505
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed please find a check made payable to the Florida Department of State for:
☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Carden's Great Adventures, LLC.

2. This limited liability company was organized under the laws of:
Florida.

3. The Florida document/registration number of this limited liability company is:
L07000102088.

4. I, JUDITH L. CARDEN, hereby resign as a Managing Member \MGR
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X _____
Signature of Resigning Member, Managing Member or Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

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TALLAHASSEE, FLORIDA

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