L08000053201

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Consideration to Filip Office | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



600201623546

04/14/11--01004--013 **25.00

SECRETARY OF STATION OF CORPORATION

N. Cuttigen APR 1 5 2011

COVER LETTER

| SUBJECT: Superior Investments at Black Bear III, LLC Name of Limited Liability Company |
|---|
| DOCUMENT NUMBER: L08000053201 |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jonathan D. Woods Name of Person |
| Name of Person |
| Name of Firm/Company |
| 425 W. Colonial Dr. Ste. 204 Address |
| Orlando, FL 32804 |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jonathan D. Woods at (407) 650-8133 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 | of section 608.416(2) or 608.509 | 9, Florida Statutes, the undersign | ied, |
|-------------------------------|----------------------------------|--|------|
| Jo | nathan D. Woods | , hereby resigns a | 1S |
| Na | me of Registered Agent | , , , | |
| Registered Agent for | Superior Investm | nents at Black Bear III, LL0 | 2 |
| | Name of Limited Liability Co | ompany | , |
| L0800005 | 53201 | | |
| Document Number | er, if known | | |
| | | e 31st day after the date on which esigning Agent. | |

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