

LOG 000026219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

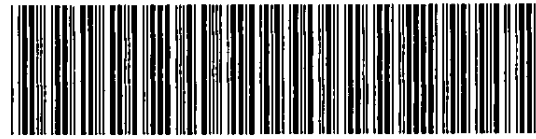
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B. KOHR  
JUN 13 2012  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** USG7 LLC  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** L09000026219

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Graham Wright  
Contact Person

USG7 LLC  
Firm/Company

2312 Academy Circle West #101  
Address

Kissimmee, Florida 34744  
City, State and Zip Code

gwright@usg7.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graham Wright at ( 678 ) 685-8744  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

\$87.50 Filing Fee       \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**RESIGNATION OF REGISTERED AGENT  
FOR  
~~LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP~~  
LIMITED LIABILITY COMPANY**


608.416(2) or 608.509  
Pursuant to the provisions of section ~~620.116~~, Florida Statutes, the undersigned,

\_\_\_\_\_  
Thomas & Berke, P.A. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_ USG7 LLC \_\_\_\_\_  
Name of ~~Limited Partnership or Limited Liability Limited Partnership~~  
Limited Liability Company  
\_\_\_\_\_  
L09000026219  
Florida Document Number, if known

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The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Walter Thomas  
Typed or Printed Name  
\_\_\_\_\_  
Former Attorney  
Capacity

**Filing Fee: \$87.50**  
**Certified Copy (optional): \$52.50**