

**L10000039382**

(Requestor's Name)

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(Address)

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(Business Entity Name)

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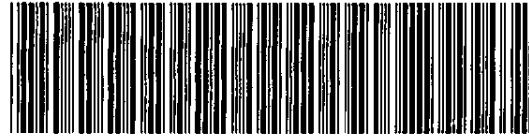
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**L. SELLERS**

JUL 29 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL 28 PM 3:15

**FILED**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Assisted Living on Lake Mary  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 27-2328270 ein #

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:

Bonnie Bright  
Name of Person

Assisted Living on Lake Mary, LLC  
Name of Firm/Company

223 S. Shadowbay Blvd.  
Address

Longwood, FL 32779  
City/State and Zip Code

b.lookbright@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie Bright at ( 407 ) 416-4020  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
P.O. Box 6327  
Tallahassee, FL 32314

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

**FILED**  
14 JUL 28 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Bonnie Bright

Name of Registered Agent

, hereby resigns as

Registered Agent for Assisted Living on Lake Mary, LLC

Name of Limited Liability Company

EIN 27-2328270

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Bonnie L. Bright

Typed or Printed Name

Capacity

## **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**