

L110000019216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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EXAMINER



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12 NOV 26 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2012

LISA A. NORTON  
YOUR PARADISE GROUP, LLC  
115 SCOTTSDALE COURT  
MARY ESTHER, FL 32569

SUBJECT: YOUR PARADISE GROUP, LLC  
Ref. Number: L11000019216

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for YOUR PARADISE GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because YOUR PARADISE GROUP LLC is a limited liability company, a corporation form cannot be used.

Please complete, sign, and return the enclosed LLC RESIGNATION FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 612A00027319

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Yours Paradise Group LLC  
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to:

Lisa A Norton  
(Contact Person)

Chowell Banker United, Realtors  
(Firm/Company)

4504 Hwy 20 E STE A  
(Address)

Micoville FL 32578  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa A. Norton at ( 850 ) 621-4525  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**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: YOUR Paradise Shop 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:

411000019216

4. I, Alisa N. Norton, hereby resign as a MANAGER  
(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.

Alisa N. Norton

Signature of Resigning Member, Managing Member or Manager

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