L11000019216

(Re	questor's Name)	.		
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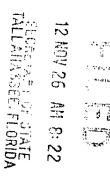
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EXAMINER



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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

12 MOV 26 MA 8: 22
TALLANDOR SELECTION OF PLONIOR

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 rerturn 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: 4008 PARALISE GROUP 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:

Liba A Morton

(Contact Person)

(Contact Person)

(Firm/Company)

4504 Hwy D & ST&A

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (850) (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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	limited liability company as		
of State is:	your Huddis	Stroop LLC	<u> </u>
	,	·	
2. This limited liab	oility company was organized	d under the laws of:	
Floria	dA	·	
			
3. The Florida docu	ument/registration number o	f this limited liability com	npany is:
	0019216	· · · · · · · · · · · · · · · · · · ·	
	X. Nortou Jame of Person Resigning)	, hereby resign as a	MOUAGER (Prim Title)
of this limited lial resignation in wr	bility company and affirm th iting.	ne limited liability compar	ny has been notified of my
da i	D. Vator		
Signature of Resi	igning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		