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SECRETARY OF STATE



J. BRYAN

NOV 27 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2012

LISA A. NORTON YOUR PARADISE GROUP PROPERTY MANAGEMENT 115 SCOTTSDALE CT MARY ESTHER, FL 32569

SUBJECT: YOUR PARADISE GROUP, LLC

Ref. Number: L11000019216

We have received your document for YOUR PARADISE GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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.

Joey Bryan Regulatory Specialist II Letter Number: 112A00027266

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 46 Un Readise Shoup Joseph Brogement (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:	
Liva A Nortow (Contact Person) FEE 3	
Blowell Bowler United, Roalbox 26 (Firm/Company)	
4507 Hay 20 & STEA	
City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (860) 1021-450-5 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\squar	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301







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

1. The name of the lin	mited liability company as	s it appears o	on the records of	the Florida Depar	tment
of State is:	our PARALISE	GROUP	Desperty	Management	LLC
2. This limited liabili	ty company was organized		,	·	•
<u>Flatida</u>		·			
3. The Florida docum	ent/registration number o	f this limited	l liability compa	ny is:	
4.1, LISA A (Print Nam	Noctov ne of Person Resigning)	, hereb	y resign as a	Margo (Print Title)	
of this limited liabil resignation in writing	ity company and affirm th	ne limited lia	bility company b	nas been notified o	of my
Aso X	O. Saton				
Signature of Resign	ing Member, Managing N	Member or M	1anager		
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				