

L120000022684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

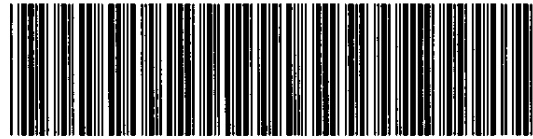
(Business Entity Name)

(Document Number)

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J. SAULSBERRY
EXAMINER
NOV 8 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SFL Charter School Management
Name of Limited Liability Company
DOCUMENT NUMBER: L12000022684

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:

Judy Perlin

Name of Person

SFL Charter School Management

Name of Firm/Company

7796 Mandarin Drive

Address

Boca Raton, FL 33433

City/State and Zip Code

judyriver@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory MacNeille

561

8438081

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,
Cory MacNeille

_____, hereby resigns as

Name of Registered Agent

Registered Agent for **SFL Charter School Management LLC**

Name of Limited Liability Company

L12000022684

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:

Cory MacNeille

Typed or Printed Name

MGRM

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