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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUMMIT LAW GROUP, P.L.
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
EVELYN M. PENNINGTON (Contact Person)
(Contact reison)
(Firm/Company)
1402 Royal Palm Brich Blud, Ste 102 (Address)
Royal Palm Beach, FL 33411 (City/State and Zip Code)
For further information concerning this matter, please call:
EVELYN M. PENNINGTON at (561) 839-5271 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\sum_{0.5}}\$\$ \$\sum_{0.5}\$\$ Filing Fee \$\sum_{0.5}\$\$
Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability compan	•		of the Florida	Department
	ment/registration number	er of this lin	nited liability com	pany is:	
4. I, EVELYN (Print N	mber withdrew or will w M. PENNINGTE ame of Person Resigning) pility company and affire	<u>ه ۸</u> , h	ereby resign as a	MGR (Print Tit	le)
resignation in wri	• • •	_		y has occir noc	med of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			TAL	201 1

CR2E079 (12/13)

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SECRETARY OF STATE