

L13000 141760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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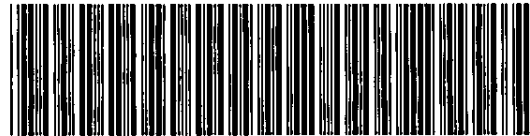
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers JAN 23 2013

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2014

DONALD FISHER  
2898 W GULF DR  
SANIBEL, FL 33957

SUBJECT: LYNDON GROUP OF FLORIDA, LLC  
Ref. Number: L13000141760

We have received your document for LYNDON GROUP OF FLORIDA, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00000470

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LYN DON GROUP OF FLORIDA, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 1300014176

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:

DONALD J FISHER  
Name of Person

LYN DON GROUP OF FLORIDA, LLC  
Name of Firm/Company

2598 W. GULF DRIVE  
Address

SANIBEL FL 33957  
City/State and Zip Code

DONJFISH@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD J FISHER at ( 317 ) 339-1424  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RECEIVED  
TALLAHASSEE, FLORIDA  
12 JAN 17 2005 24

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

GEORGE W DAVIS

Name of Registered Agent

, hereby resigns as

Registered Agent for LYNDON GROUP OF FLORIDA, LLC

Name of Limited Liability Company

L13000141760

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.

George W Davis

Signature of Resigning Agent

If signing on behalf of an entity:

GEORGE W DAVIS

Typed or Printed Name

RESIDENT AGENT

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