

L13000141760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

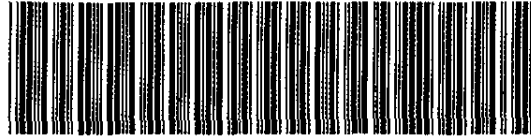
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200254918512

12/26/13--01013--018 **25.00

12/26/13
J. Shivers
570



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: 014A00000471

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LYNDON GROUP of FLORIDA, 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:

DONALD J FISHER
(Contact Person)

(Firm/Company)

2898 W. GULF DRIVE
(Address)

SANIBEL, FL 33957
(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD J FISHER at (317) 339-1424
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LYNDON GROUP OF FLORIDA, LLC

2. The Florida document/registration number of this limited liability company is:

L13000141760

3. The date this member withdrew or will withdraw is: 12-16-2013

4. I, GEORGE W DAVIS, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

George W Davis
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

12 JAN 17 2014
DIVISION OF CORPORATIONS
FLORIDA