

L14000157128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

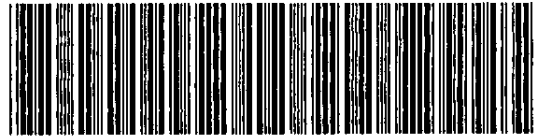
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 MAY -1 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY -3 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHERN ONE OPERATION LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14 000157128

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:

Marcela Bottinelli  
Name of Person

MB7 Corporate Services LLC  
Name of Firm/Company

777 Brickell Ave, Suite 1210  
Address

Miami, FL 33131  
City/State and Zip Code

mbottinelli@unh-macho.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcela Bottinelli at ( 305 ) 503-2700  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

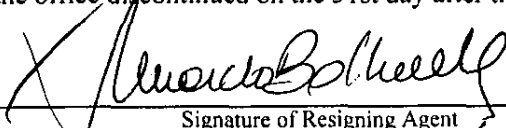
MB7 Corporate Services LLC, hereby resigns as  
Name of Registered Agent

Registered Agent for SOUTHERN ONE OPERATION LLC  
Name of Limited Liability Company

LI4000157128  
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:  
Marcela Bothnielli  
Typed or Printed Name  
MGR  
Capacity

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TALLAHASSEE, FLORIDA

## 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2017

MB7 CORPORATE SERVICES LLC  
MARCELA BOTTINELLI  
1110 BRICKELL AVE, STE. 806  
MIAMI, FL 33131

SUBJECT: SOUTHERN ONE OPERATION LLC  
Ref. Number: L14000157128

We have received your document for SOUTHERN ONE OPERATION LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 817A00006944

RECEIVED  
2017 MAY -1 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA