L15000031852

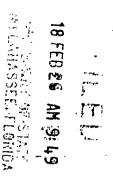
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COVER LETTER

Division of Corporations		.* <u>(</u>
SUBJECT:Pride Management of South Flor	ida, LLC	
Name of Limit	ited Liability	Company
DOCUMENT NUMBER: L15000031852		
The enclosed Resignation of Registered Agent for filing.	or a Limited	d Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the	he following:
Jeffery J Hill		
Name of Person		-
Name of Firm/Company	<u></u>	-
425 NE 25th Street		
Address		-
Wilton Manors, FL 33305		
City/State and Zip Code	-	-
mrjhill@aol.com		
E-mail address: (to be used for future annual report r	notification)	-
For further information concerning this matter, p	lease call:	
Jeffery J Hill	206	948-1100

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Area Code Daytime Telephone Number

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the under	ersigned,	
Roger A. France	, hereby resigns as	
Name of Registered Agent	, notedy resigns as	
Registered Agent for Pride Management of South Florida, LLC		
Name of Limited Liability Company	······································	
L15000031852		
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 Signature of Resigning Agent	18 FEB 2	
If signing on behalf of an entity: Typed or Printed Name WDG Party Of Capacity	SEE FLORIDA	

FILING FEES:

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statut	es, the undersigned,
Roger A. France	, hereby resigns as
Name of Registered Agent	
Registered Agent for Pride Management of South Flor	rida, LLC
Name of Limited Liability Comp	pany
L15000031852	
Document Number, if known	
A copy of this resignation was mailed to the above listed limi	ted liability company at its last known address.
The agency is terminated and the office discontinued on the 3	gning Agent SSS Ma
If signing on behalf of an entity: Typed or Printed Nar	THE STATE OF THE S
MPG Parety S Capacity	21-

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