# L16000180484

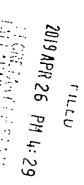
(Reque	estor's Name)	
(Addre	:ss)	
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(City/S	State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Document)	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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TC



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2019

RODNEY P. MELI 856 SILVERSMITH CIRCLE LAKE MARY, FL 32746

SUBJECT: SUMMIT RESOURCE GROUP, LLC

Ref. Number: L16000180484

2019 APR 26 PM 4: 29 SE(SELTA: ( ) 3 1411 UALI MILLINE ( ) 3 1411

We have received your document for SUMMIT RESOURCE GROUP, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

RECEIVED
APR 2 6 2019

Letter Number: 519A00006654

www.sunbiz.org

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Summit Resource Group,			
Name	of Limited Liabil	ity Company	
DOCUMENT NUMBER: L160001804	84		<del></del>
The enclosed Resignation of Registered A for filing.	gent for a Limit	ted Liability Company	and fee are submitted
Please return all correspondence concerni	ng this matter to	the following:	
Rodney Meli			201
Name of Person		<del></del>	F1 2019 APR 2
			R 26
Name of Firm/Company			PH
856 Silversmith Circle			
Address		<del></del>	<u> </u>
Lake Mary, FL 32746			
City/State and Zip Code	. <u>.</u>	<del></del>	
rod_meli@yahoo.com			
E-mail address: (to be used for future annual	report notification	)	
For further information concerning this m	atter, please cal	1:	
Rodney Meli	407 at (	321-9194	
Name of Person	Area Coo	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provis	ions of section 605.0115. Florida Statutes, the undersi	gned.	
United States Corporation Agents, Inc.		ereby resigns as	
	Name of Registered Agent	· -	
Registered Agent for	Summit Resource Group. LLC		
	Nation of Limited Liability Company		
L16000180484			
Document	Number, if known		
• •	ation was mailed to the above listed limited liability co ated and the office discontinued on the 31st day after t		
The agency is termine	Figuratine of Resigning Agent	2019 APR 26	>
If signing on behalf o	fan entity:	2 FA	֪֖
	Cheyenne Moseley	in fig.	ز د
	Typed or Printed Name		₹ -
	Asst. Secretary for United States Corporation Ager	ats, Inc.	

## FILING FEES:

Capacity

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25,00

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

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