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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Crynelater Light Helie II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECKLIVET OF STATE TALLAHASSEE, FLORIDA

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D. BRUCE

JAN 1 1 2008

EXAMINER

January 7, 2008

RE: SOUTHEASTERN TILT, LLC. (GA. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of \$25.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure RPP



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2	2) or 608.509	9, Florida Statutes, t	he undersigne	d,		
C T CORPORATION	, hereby resigns as						
	(Name of Registered Agen	nt)	,,	, 6			
Registered Agent for _	SOUTHEASTERN TILT, LLC. (GA. DOM.)						
	(Name of Limi	ited Liability (Company)			,	
M01000000635							
(Document Nu	mber, if known)	_					
A copy of this resignat	ion was mailed to the ab	oove listed li	mited liability comp	oany at its last	known addi	ress.	
The agency is terminat	ed and the office discon	tinued on th	e 31st day after the	date on which	this stateme	ent is	filed.
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	(Signat	ture of Resigni	ing Agent)				
If signing on behalf of	an entity:	ν			TAI	0	
	C T CORPORATIO	N SYSTEM	1 - Theresa Alfieri		ECR	/L 8	War Tro
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	ASSIS	TANT SEC	RETARY		SSE SSE	_	Francis .
		(Capacity)			Me	70	्र सम्बद्धाः
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	FILING F \$ 85.00 \$ 25.00	Active lim	ited liability compa ntively dissolved/vo n limited liability co	ny oluntarily diss ompany	olved/		

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