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(((H100001917123)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

: (302)531-0855

Fax Number

: (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT RESIGNATION SRV LEHIGH LAKES RESIDENTIAL, LLC

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J<sub>H</sub>₿RYAN

SEP - 1 2010

EXAMINER

(((H10000191712 3)))

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: SRV LEHIGH LAKI	ES RESIDEN			<u> </u>
DOC	UMENT NUMBER: M050				
	nclosed Resignation of Regist		a Limited	Liability Company and	fee are submitted
Please	e return all correspondence co	ncerning this m	atter to th	e following:	
EDIE	WHITEBREAD (Name of Per	son)	<u></u>		
INC	ORPORATING SERVICES				
	(Name of Firm/Co	ompany)			ASE SE
1540	GLENWAY DRIVE				
	(Address)				Egg W
TAL	LAHASSEE, FL 32301				mc - I
	(City/State and Zi	p Code)	<del></del>		TO
For fu	orther information concerning	this matter, ple	ase call:		3: 19 ORIDA
EDIE	WHITEBREAD	at (	800	346-4646 & Daytime Telephone N	
	(Name of Person)		Area Code	& Daytime Telephone N	umber)
liabili	sed is a check made payable to ty company or \$25.00 for an a ty company.	o the Florida Do administratively	epartment dissolved	of State for \$85.00 for , voluntarily dissolved	an active limited or withdrawn limited
Amen Divisi P.O. I	ng Address: dment Section on of Corporations 30x 6327 assee, FL 32314	Street Addre Amendment S Division of C 409 E. Gaines Tallahassee. I	Section orporation Street	<b>PS</b>	

INH517(11/02)

(((H10000191712 3)))

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2	2) or 608.509, Florida Statut	es, the undersigned,			
INCORPORATION	IG SERVICES, LTD		hereby resigns as			
<del></del> ,	(Name of Registered Agen	•				
Registered Agent for	SRV LEHIGH LAK	ES RESIDENTIAL, LLO	<u> </u>	<del></del>	_	
	(Name of Lim	ited Liability Company)				
M05000002946			•			
(Document N	umber, if known)	· <del></del>				
	ated and the office discon	nove listed limited liability of attinued on the 31st slav after the Co. Low ture of Resigning Agent)				<b>i.</b>
If signing on behalf of	f an entity:					
	EDIE WHITEBR	EAD				
	ASSISTANT SE	ypod or Printed Name) CRETARY (Capacity)		SECI	<b>5</b>	
	FILING   \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	d/ voluntarily dissolved/	RETAIN OF STATE AHASSEE, FLORIDA	AUG 31 AN 8: 19	FILED

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