M09000002673

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE OF A AND ANALOGUE OF STATE

J. SAULSBERRY EXAMINER

AUG 24 2012

COVER LETTER

SUBJECT: UFL MANAGEMENT, LLC Name of Limited Liability Company			
DOCUMENT NUMBER: M0900002673			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fe for filing.	e are si	ıbmitte	∍d
Please return all correspondence concerning this matter to the following:			
Brooke Breeding Name of Person			
National Corporate Research, Ltd.	14T	2912	
Name of Firm/Company	E GREET	2012 AUG 23	
615 S Dupont Hwy		12	12.12.5
Address	TARY OF STALE	3> 3	
Dover, DE 19901	C)	φ	2,
City/State and Zip Code	ALE RIDA	8 02	
statrep@nationalcorp.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Brooke Breeding at (800) 483-1140 ext 3005 Name of Person Area Code & Daytime Telephone Numb	oer		
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or limited liability company.	active withdra	limitec awn	i

MAILING ADDRESS:

Amendment Section
Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, Florida Statutes, the unders	signed,
Nationa	l Corporate Research, Ltd. , hereby resign	ns as
	Name of Registered Agent	
Registered Agent for	UFL MANAGEMENT, LLC	
	Name of Limited Liability Company	,
	0002673	
Document Nui	mber, if known	
A copy of this resignation	n 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 w	hich this statement is filed.
	A. lulyn	
	Signature of Resigning Agent	74 26
If signing on behalf of ar	n entity:	ZIIZ AUG 23 SECRETARY ALLAHASSE
	Andrew Lundgren	ASS N
	Typed or Printed Name	THE STATE OF THE S
	V.P., National Corporate Research, Ltd.	
	Capacity	ORIG

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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