

mic0000003149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

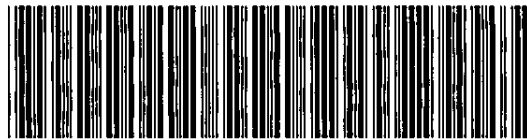
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION SERVICE COMPANY

CSC - Wilmington
Suite 400
2711 Centerville Road
Wilmington DE 19808
800-927-9801 Ext 63458
302-636-5454 Fax

To: FLORIDA DEPT. OF AGRICULTURE & CONSUMER SERVICES

From: Jodette Hamilton Ext: 63458

Date: September 2, 2014

Order#: 279704/010

Re: SUN VALLEY ESTATES HOMES SALES LLC

Enclosed please find:

XX Application for Certificate of Withdrawal.
XX Check in the amount of \$85.
XX Other: A COPY IN CASE NEEDED

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return by regular mail.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **SUN VALLEY ESTATES HOMES SALES LLC**

Name of Limited Liability Company

M10000003149

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 the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Jodette Hamilton

Typed or Printed Name

Assistant VP

Capacity

14 SEP -4 11 24 AM
RECEIVED
CORPORATION
DIVISION

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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