From:

Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

: (800)221-2972

Fax Number

: (888)692-9256

**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 SOUTH LEWIS LAND CO., LLC

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NOV 11 2011

TO: Registration Section

COVER LETTER

Division of Corporations
SUBJECT: SOUTH LEWIS LAND CO., LLC Name of Limited Liability Company
Name of Limited Liability Company
DOCUMENT NUMBER: M12000001486
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carol Panchana
Name of Person
BlumbergExcelsior Corporate Services Inc.
Name of Firm/Company
16 Court St 14th FL
Address
Brooklyn, NY 11241
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at () Name of Person Area Code Daytime Telephone Number
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.
MAILING ADDRESS: STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

-		5, Florida Statutes, the undersigned,			
BLUMBERGEXCELS	SIOR CORPORA	ATE SERVICES, INC., hereby re	·sions as		
N	ame of Registered Agen	nt			
Registered Agent for SO	UTH LEWIS LAI	ND CO., LLC			
	Name of Lim	ited Liability Company			
M12000001486					
Document Num	er, if known				
A copy of this resignation	was mailed to the a	bove listed limited liability company a	at its last known a	iddress.	
The agency is terminated: - If signing on behalf of an		ntinued on the 31st day after the date of Signature of Resigning Agent	on which this stat	ement is fi	led.
	Jose N	Mojica	ماجه	*	
		yped or Printed Name	· ;	和。	:.
_	Assistan	t Secretary	·	7	
	FILING \$ 85.00 \$ 25.00		arily dissolved/	4	

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