

LD1000003016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

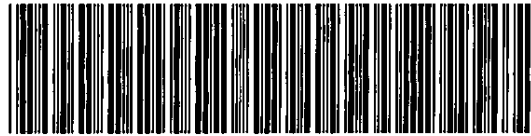
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2006 OCT -3 PM 3:16

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1616 INVESTMENT, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L01000003016

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:

Jeannette Mirabal, Esq.
(Name of Person)

Jeannette Mirabal, PA.
(Name of Firm/Company)

5775 Blue Lagoon Drive Suite 135
(Address)

Miami FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeannette Mirabal at (305) 267 7009
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

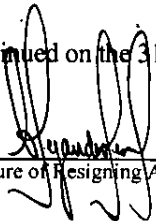
Jose Alejandro Leon, hereby resigns as
(Name of Registered Agent)

Registered Agent for 1616 INVESTMENT, LLC
(Name of Limited Liability Company)

L01000003016
(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:

Jose Alejandro Leon
(Typed or Printed Name)
Manager Member
(Capacity)

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

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