

L04000023647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

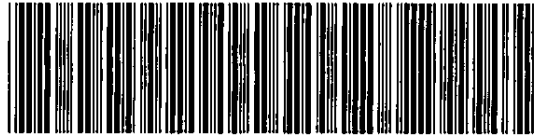
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300179907943

05/04/10--01039--021 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY - 4 AM '10

T. HAMPTON

MAY - 5 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: San Marino 3SS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000023647

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:

Camilo Aldama
Name of Person

Prestige Builders Group
Name of Firm/Company

16400 NW 59th Ave
Address

Miami Lakes, FL 33014
City/State and Zip Code

caldama@prestigebuildersgroup.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camilo Aldama at (305) 827-5665
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

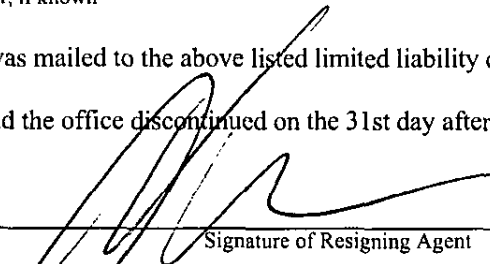
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Alejandro Uilarello, Esq, hereby resigns as
Name of Registered Agent

Registered Agent for San Marino 355, LLC
Name of Limited Liability Company

L04000023647
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:
Alejandro Uilarello
Typed or Printed Name

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -4 AM 10 31