## 10500019579

(Requestor's Name)			
(Address)			
(A.1.1)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certified Copies Certificates of Gratus			
Special Instructions to Filing Officer:			
·			
·			
·			

Office Use Only



900142779349

02/09/09--01065--009 \*\*25.00

O9 FEB -9 FN 1: 04
SECRETARY OF STATE
TALLAHASSEE FLORIDA





## Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 2/5/2009 FLORIDA

REP UNIT:

CASA DEVELOPMENT

**HOLDINGS, LLC** 

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 15816 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.



## ${\color{red}\mathbf{COVER}}_{.}{\color{blue}\mathbf{LETTER}}$

Amendment Section Division of Corporations

TO:

SUBJECT: CASA DEVELOPMENT HOLDINGS, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L05000079579
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:
RHONDA MAYBIN (Name of Person)
Capitol Corporate Services, Inc. (Name of Firm/Company)
800 Brazos, Suite 400 (Address)
Austin, Texas 78701 (City/State and Zip Code)  For further information concerning this matter, please call:
RHONDA MAYBIN at ( 800 ) 345-4647 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 o	f section 608.416(2) or 608.509, Florida Statutes, the un	dersigned,
	DRPORATE SERVICES, INC. , hereby reame of Registered Agent)	esigns as
Registered Agent for	CASA DEVELOPMENT HOLDING	GS, LLC
	(Name of Limited Liability Company)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
L05000079579 (Document Number, if	- Program)	
	vas mailed to the above listed limited liability company a	at its last known address.
The agency is terminated an	d the office discontinued on the 31st day after the date of	on which this statement is filed.
	Cheny Robbert	
If signing on behalf of an er	(Signature of Resigning Agent)	09   SECR TALLA
_	Cheryl Roberts (Typed or Printed Name)	FIL FEB -9 HASSE
_	President (Capacity)	PED OF STA
		\$ P

**FILING FEES:** 

\$ 85.00 \$ 25.00

Active limited liability company
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