



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 128th Street Plaza, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000045443

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:

Gustaf Arnoldsson  
Name of Person

128th Street Plaza, LLC  
Name of Firm/Company

1205 LINCOLN ROAD, STE 211  
Address

Miami Beach, FL 33139  
City/State and Zip Code

gustaf@stonemasonfund.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustaf Arnoldsson at ( 305 ) 9756020  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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,

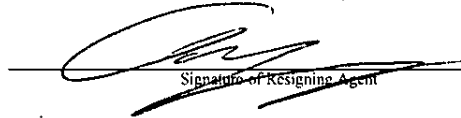
Alexander S. Gary hereby resigns as  
Name of Registered Agent

Registered Agent for 128th Street Plaza, LLC  
Name of Limited Liability Company

L07000045443  
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:

ASG Property Management Inc  
Typed or Printed Name  
Pres  
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withdrawn limited liability company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**

INHS17 (08/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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