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COVER LETTER

SUBJECT: 1701 COLLINS (MIAMI) OI	PERATING CON	MPANY, LLC
Name (of Limited Liability	Company
DOCUMENT NUMBER: M110000035	574	
The enclosed Resignation of Registered A for filing.	gent for a Limited	Liability Company and fee are submitted
Please return all correspondence concernit	ng this matter to th	ne following:
Emily Smith		
Name of Person		
PARACORP INCORPORATED		
Name of Firm/Company	·-	
2804 Gateway Oaks Dr #100		
Address		
Sacramento, CA 95833		
City/State and Zip Code		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this ma	atter, please call:	
Emily Smith	800 at (533-7272
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Fi	iorida Statutes, the unde	ersignea.	
PARACORP INCO	RPORATED		, hereby resigns as	
	Name of Registered Agent		· •	
Registered Agent for	701 COLLINS (MIAM	II) OPERATING CO	OMPANY, LLC	
	Name of Limited	Liability Company	<u> </u>	·
M11000003574				
Document N	umber, if known	=		
A copy of this resignati	on was mailed to the abov	e listed limited liability	company at its last ki	nown address.
The agency is terminate	ed and the office discontin	ued on the 31st day afte	er the date on which th	nis statement is filed.
If signing on behalf of a		nature of Resigning Agent	 -	THE WASSESSEE
		or Printed Name		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Asst. Secretary for I		ated	6
	C	Capacity		•

FILING FEES: \$ 85.00 Active Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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