

M97000000427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

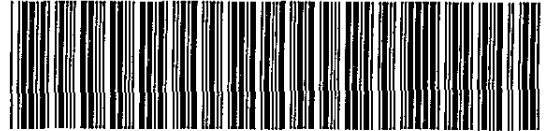
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2/25 R/A Resign

M97-427

Office Use Only



800012792908

02/25/03--01007--004 \*\*25.00

FILED  
03 FEB 25 14 19:16  
2003 FEB 25 14 19:16

CT CORPORATION SYSTEM

111 Eighth Avenue  
New York, NY 10011  
Tel. 212-894-8940  
Fax 212-590-9180

February 13, 2003

RE: FLORIDAN PARKING GROUP LLC (DE. DOM.)

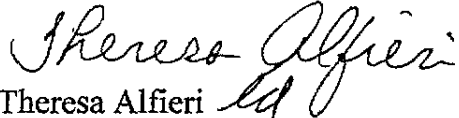
Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$ 25.00 to cover the required filing fee.

Very truly yours,

CT CORPORATION SYSTEM

  
Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA:ld  
Enclosure

February 13, 2003

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Assistant Secretary

TA:ld  
Enclosure

FILED  
03 FEB 25 AM 10:16  
TALLAHASSEE, FLORIDA

**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,

C T CORPORATION SYSTEM, hereby resigns as  
(Name of Registered Agent)

Registered Agent for \_\_\_\_\_  
FLORIDAN PARKING GROUP LLC (DE. DOM.)  
(Name of Limited Liability Company)

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:

C T CORPORATION SYSTEM - THERESA ALFIERI  
(Typed or printed name)  
ASSISTANT SECRETARY  
(Capacity)

FILED  
03 FEB 25 AM 10:16  
TALLAHASSEE FLORIDA

**FILING FEES:**  
\$ 85.00 Active Limited Liability Company  
\$ 25.00 Dissolved 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(10/99)