

Sep. 7. 2011 1:23PM
Division of Corporations

Moran & Shams

No. 667288 P. JF1

L02000010082

Florida Department of State
Division of Corporations
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(((H11000220279 3)))



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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.
Account Number : X20000000003
Phone : (407) 841-4141
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**REGISTERED AGENT RESIGNATION
58 WEST MICHIGAN STREET, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

C. LEWIS

SEP - 8 2011

EXAMINER

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COVER LETTER

((H11000220279 3)))

TO: Amendment Section
Division of Corporations

SUBJECT: 58 West Michigan Street, L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L02000010082

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:

Thomas P. Moran

Name of Person

Moran Kidd Lyons Johnson & Berkeon, P.A.

Name of Firm/Company

111 N. Orange Avenue, Suite 1200

Address

Orlando, Florida 32801

City/State and Zip Code

tpmoran@morankidd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas P. Moran

Name of Person

at (407) 841-4141

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Thomas P. Moran, hereby resigns as
Name of Registered Agent

Registered Agent for 58 West Michigan Street, L.L.C.
Name of Limited Liability Company

L02000010082

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:

Thomas P. Moran
Typed or Printed Name
Registered Agent
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)

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