

LO3000045826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

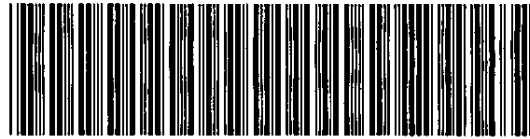
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000252742260

11/05/13--01017--010 **517.50

2013 NOV -5 PM 1:30
TALLAHASSEE, FL ORIGIN

B. BOSTICK
NOV - 6 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INFINITY AT BRICKELL, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L03000045826

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:

Betsy Courant

Name of Person

Hunt & Gross, PA

Name of Firm/Company

185 NW Spanish River Blvd.

Address

Boca Raton, FL 33431

City/State and Zip Code

betsy@huntgross.com

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

For further information concerning this matter, please call:

Betsy Courant

Name of Person

at **(561) 997-9223**

Area Code & Daytime Telephone Number

2013 NOV -5 PM 1:30
TALLAHASSEE, FL

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

HCRM CORP.

Name of Registered Agent

, hereby resigns as

Registered Agent for

Infinity at Brickell, LLC

Name of Limited Liability Company

L03000045826

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:

Andrew M. Gross

Typed or Printed Name

President

Capacity

2013 NOV -5 PM 1:30
TALLAHASSEE, FLORIDA

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