## A06000000459

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



## Nancy E. Crown, P.A.

7301 West Palmetto Pk Road, Suite 101-A Boca Raton, Florida 33433-3455 (561) 447-8750 (561) 447-8752 (FAX)

August 1, 2007

**常田報音 智田 三** 

Amendment Section
Division of Corporations
Attn: Theresa Brown
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Resignation of Registered Agent and Removal of our Mailing Address

Dear Ms. Brown:

I have enclosed the following documents for our office to resign as the Registered Agent of the entities listed below:

- 1. Lux Homes Holding, LLC (Cover Letter, Resignation of Registered Agent For A Limited Liability Company, Filing Fee of \$85.00, Check # 12780)
- 2. Lux Homes Holding, LP (Cover Letter, Resignation of Registered Agent For A Limited Partnership, Filing Fee of \$87.50, Check # 12781)
- 3. Lux Homes of Palm Beach, Inc.(Cover Letter, Resignation of Registered Agent For A Corporation, Filing Fee of \$35.00, Check # 12782)

In addition, please remove our mailing address (in the mailing address area) for each of the entities listed above. If you have any questions or need further assistance, please call our office at the number listed above. Thank you in advance for your help in this matter.

Sincerely,

Kelli A. Pavlik

Law Office of Nancy E. Crown, P.A.

/kp

**Enclosures** 

## COVER LETTER

TO: Amendment Section Division of Corporations	· <del></del>
SUBJECT: Liv Homes H (Name of Limited Partnership	rolding, LP
DOCUMENT NUMBER:	or Enimed Flavority Enimed Familiership)
<del></del>	and Foo(s) are colonited C. Clin
The enclosed Resignation of Registered Agent	and ree(s) are submitted for fitting.
Please return all correspondence concerning the	nis matter to:
Dancy E. Crown (Contact Person)	••
(Contact Person)	
Dan E Cons. DI	1
Dency E Craso, PA (Firm/Company)	<del></del>
7301 W. Palmetto Pa Suite 101-A (Address)	ork Road
Bocc Relon, FL 3343 (City, State and Zip Code)	33
For further information concerning this matter	, please call:
Name of Contact Person)	at (561) 447-8750
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check made payable to the Florid	da Department of State for:
<b>★</b> \$87.50 Filing Fee	0 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

INHS16 (01/06)

## RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,			•
Name of Registered Agent), hereby resigns as	\$		
Registered Agent for Livy Homes Holding, LP, (Name of Limited Partnership or Limited Liability Limited Partnership)	)		•
(Florida Document Number, if known)	•	• •	
The agent is terminated on the 31st day after the date on which this statement is filed the Florida Department of State.	l by		
Signature of Registered Agent			
If signing on behalf of an entity:	SE TAL	07	
Typed or Printed Name	CRETAR LAHASS	AUG-2	7
Capacity	Y OF STA	PM 3: 2	<b>∃</b> .⊤

Filing Fee: \$87.50 Certified Copy (optional): \$52.50