## A28331

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Bocument Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special medications to 1 mily Cities.		
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Office Use Only



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03/23/10--01015--011 \*\*35.00

04/06/10--01011--005 \*\*52.50

TO APR -5 PHIE: 52

D. BRUCE

APR 6 2010

EXAMINER



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 25, 2010

MARY E. FINK NATIONAL CORPORATE RESEARCH, LTD, INC. 615 S. DUPONT HIGHWAY **DOVER, DE 19901** 

SUBJECT: RAFAEL RESORT INVESTORS LTD.

Ref. Number: A28331

We have received your document for RAFAEL RESORT INVESTORS LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 710A00007351

Deborah Bruce Regulatory Specialist II

## **COVER LETTER**

Amendment Section

Division of Corporations	
	SORT INVESTORS LTD. hip or Limited Liability Limited Partnership
DOCUMENT NUMBER: A28331	
The enclosed Resignation of Registered Ag	gent and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Mary E. Fink Contact Person	
NATIONAL CORPORATE RESEARCE	OH, LTD, Inc.
615 S. Dupont Highway	LAHASSE
Dover, DE 19901 City, State and Zip Code	PH 12: 52 E. FLORIDA
mfink@nationalcorp.com E-mail address: (to be used for future annual re	1
For further information concerning this mat	tter, please call:
Mary E. Fink Name of Contact Person	at () 483-1140 Area Code and Daytime Telephone Number
Enclosed is a check made payable to the Flo	orida Department of State for:
<b>✓</b> \$87.50 Filing Fee	87.50 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,
NATIONAL CORPORATE RESEARCH, LTD, Inc. hereby resigns as
Name of Registered Agent
Registered Agent for RAFAEL RESORT INVESTORS LTD.  Name of Limited Partnership or Limited Liability Limited Partnership
A28331
Florida Document Number, if known
The agent is terminated on the 31 <sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.  Signature of Registered Agent
If signing on behalf of an entity:
Wayne Rafanelli
Typed or Printed Name
V. P., National Corporate Research, LTD., Inc.  Capacity  Capacity  Filling Fee: \$87.50
Certified Copy (optional): \$52.50