

A9600000/586

(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



300078974393

08/22/06--01063--012 **87.50

FILED

06 AUG 22 PM 3:30

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

g RA
nos

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOS RANCHOS OF SOUTH DADE, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A96000001586

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PEDRO A. MARTIN

(Contact Person)

GREENBERG TRAUIG, PA

(Firm/Company)

1221 BRICKELL AVENUE

(Address)

MIAMI, FL 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

PEDRO A. MARTIN

(Name of Contact Person)

at (305) 579-0545

(Area Code and Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☐ \$87.50 Filing Fee

☐ \$140.00 (\$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

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,

PEDRO A. MARTIN

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **LOS RANCHOS OF SOUTH DADE, LTD.**

(Name of Limited Partnership or Limited Liability Limited Partnership)

A96000001586

(Florida Document Number, if known)

The agent is terminated on the 31st 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:

PEDRO A. MARTIN

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED
06 AUG 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$87.50

Certified Copy (optional): \$52.50