L0000000 1144

•		, '
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
•		
(Do	ocument Number)	
ĺ	7	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1
		821
		Chaps
	Office Use On	ו ייצעעע עו



800078864038

08/18/06--01026--010 **25.00

SECRETARY OF STATE

UG 18 AM 11:30

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: LOS PORTALES PH	HASE III, LLC	Company)		
DOCUMENT NUMBER: L00000	0001144	• • • • • • • • • • • • • • • • • • • •		
The enclosed Resignation of Registe for filing.		Liability Company and fe	e are submit	ted
Please return all correspondence con	cerning this matter to the	e following:		
Pedro A. Martin (Name of Person	on)			
Greenberg Traurig, P.A. (Name of Firm/Con	mpany)			
1221 Brickell Avenue				
(Address) Miami, FL 33131			SECRE TALLAP	06 AUG
(City/State and Zip	Code)		ASSA ASSA	8
For further information concerning the	his matter, please call:		N OF SI	AUG 18 AM II:
Pedro A. Martin	at (305)	579-0545 & Daytime Telephone Nun	STAT	 ယ
(Name of Person)	(Area Code	& Daytime Telephone Nun	nber) ≯ [™]	9
Enclosed is a check made payable to liability company or \$25.00 for an acliability company.	the Florida Department Iministratively dissolved	of State for \$85.00 for an l, voluntarily dissolved or	active limite withdrawn l	ed imited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	ıs		

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florida Statutes,	the undersigned,	
PEDRO A. MAR	ΓΙΝ · he	reby resigns as	
	(Name of Registered Agent)	,	
Registered Agent for	LOS PORTALES PHASE III, LLC		
	(Name of Limited Liability Company)		
L00000001144			
(Document Nu	imber, if known)		
	tion was mailed to the above listed limited liability come ted and the office discontinued on the 31st day after the (Signature of Resigning Agent)	A AS	06 魔IG 18 AM II: 36
If signing on behalf of an entity:		STAT	
	PEDRO A. MARTIN	P⊞ P	5
	(Typed or Printed Name) REGISTERED AGENT		
	(Capacity)		

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314