| Lacoo2295   |  |
|---|--|
| (Requestor's Name)<br>(Address)<br>(Address)  | 200122550872   |
| (City/State/Zip/Phone #)  | 04/09/0801006021 ++25.00   |
| (Business Entity Name)<br>(Document Number)<br>Certified Copies Certificates of Status<br>Special Instructions to Filing Officer: | <b>PILED</b><br><b>08 APR - 9 PH 12: 42</b><br>SECRETARY OF STATE<br>TALLAHASSEE FLORIDA |
| Office Use Only   | ۳.,  |

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: <u>HAVADA BAY PRODUCTIONS LLC</u> (Name of Limited Liability Company)

DOCUMENT NUMBER: LODOODO 2295

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:

ALLAN M. LERNER (Name of Person)

AllAN N. LERNER, P.A. (Name of Firm/Company)

2888 EAST OAKLAND PARK BLUD (Address)

FORT LAUDERNALE FL 33306 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (<u>954</u>) <u>563 8111</u> (Area Code & Daytime Telephone Number)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

(Name of Registered Agent) \_, hereby resigns as Registered Agent for HAVANA BAY PROJUCTIONS LLC (Name of Limited Liability Company) L DOOODOJQ95 (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 ascontinued on the 31st day after the date on which this statement is filed. Signature of Resigning Agent) If signing on behalf of an entity: **IPR** (Typed or Printed Name) L PH 12: (Capacity) FILING FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company .00 25.00 Make checks payable to Florida Department of State and mail to: **Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314