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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Plaza Marche, L.C.		
(Name of Limited Liability Company)		
DOCUMENT NUMBER: L00000002981		
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:		
Thomas P. Sheehan (Name of Person)		
(Name of Firm/Company)		
P.O. Box 360 (Address)		
Flagler Beach, FL 32136 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Thomas P. Sheehan at ( 386 ) 986-8350 (Area Code & Daytime Telephone Number)		
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399		

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) of 608.309, Florid	a Statutes, the undersigned,
Thomas P. Shee	han	, hereby resigns as
	(Name of Registered Agent)	
Registered Agent for	Plaza Marche, L.C.	<u></u>
	(Name of Limited Liability Company)	
L00000002981		
(Document No	umber, if known)	
A copy of this resigna	tion was mailed to the above listed limited lia	ability company at its last known address.
The agency is termina	ted and the office discontinued on the 31st da	ay after the date on which this statement is filed.
If signing on bchalf of	(Signature of Resigning Agent) an entity:	03 AUG 29 SECRETARY FALLAHASSEL
	(Typed or Printed Name)	Tree A □ □
	(Capacity)	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company \$ 85.00 \$ 25.00

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