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TRANSMITTAL LETTER

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2005 NOV 29 P 3: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | CHASSEE, P |
|--|-------------------------|
| SUBJECT: Blackbeard Investments II, LLC | |
| (Name of Limited Liability Company) | · · · · · · · |
| DOCUMENT NUMBER: L00000009959 | · |
| The enclosed Resignation of Registered Agent for a Limited Liability Company for filing. | y and fee are submitted |
| Please return all correspondence concerning this matter to the following: | |
| Todd Rumberger, Esq. (attorney on record) | |
| (Name of Person) | * |
| Greenberg Traurig, LLP | |
| (Name of Firm/Company) | <u></u> |
| 1900 University Avenue, 5th Floor | |
| (Address) | |

(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Robinson, Sr. Paralegal at (650) 289-7836

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

East Palo Alto, CA 94303

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2005 NOV 29 ₱ 3: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Pursuant to the provisi | ions of section 608.416(2) or 608.509, Florida S | tatutes, the undersigned, |
|-------------------------|--|--|
| Riverson S. Leon | ard | , hereby resigns as |
| | (Name of Registered Agent) | |
| Registered Agent for | Blackbeard Investments II, LLC | |
| | (Name of Limited Liability Company) | |
| L00000009959 | | |
| (Document Nu | mber, if known) | |
| A copy of this resignat | tion was mailed to the above listed limited liabil | lity company at its last known address. |
| The agency is termina | ted and the office discontinued on the 31st days | after the date on which this statement is filed. |
| , | (Signature of Resigning Agent) | |
| If signing on behalf of | an entity: | |
| Riverson S. Leonard | | |
| | (Typed or Printed Name) Registered Agent | |
| | (Capacity) | |

SECTION | FEES:

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

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