L 00000011484

	·	
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
· ·	·····	
(0)	- 101-1-17:-1D1	-40
(Ci	ty/State/Zip/Phone) #)
	□ MAIT	□ MAII
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
· ·		
Contilled Control	Codificator	of Chabin
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	
		İ
	•	_ /
		X, X
		Milly -
	Office Hee On	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\



400078810934

08/18/06--01026--019 **25.00

SECRETARY OF STATE
SECRETARY OF STATE

AUG 18 AMII:

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: 144 LLC	
(Name of Limited Liability Company)	
DOCUMENT NUMBER: L00000011484	_
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee ar for filing.	e submitted
Please return all correspondence concerning this matter to the following:	
Pedro A. Martin	
(Name of Person)	
Greenberg Traurig, P.A.	
(Name of Firm/Company)	188 188
1221 Brickell Avenue	FILED 06 AUG 18 AM 11: 28 SECRETARY OF STATE FALLAHASSEE, FLORID
(Address)	FILEU HASSER
Miami, FL 33131	1119 E
(City/State and Zip Code)	OAS T: 2
For further information concerning this matter, please call:	\$\frac{1}{2} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}}}}}}}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{
Pedro A. Martin at (305) 579-0545	
(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 act liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or with	ive limited

liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

INHS17(11/02)

4

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
PEDRO A. MART	IN , hereby resigns as	
	(Name of Registered Agent)	
Registered Agent for _	144 LLC	
	(Name of Limited Liability Company)	,
L00000011484		06 AUG 18 SECRETAGE TALLAHAGE
(Document Nur	nber, if known)	器 5 平
	on was mailed to the above listed limited liability company at its last known a	
The agency is terminate	ed and the office discontinued on the 31st day after the date on which this state (Signature of Resigning Agent)	ementals filed 1:28
If signing on behalf of	an entity:	
	PEDRO A. MARTIN	
	(Typed or Printed Name) REGISTERED AGENT	
	(Capacity)	

FILING 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